

Downtime Transfusion Documentation Form

Cayuga Medical Center □					Schuyler Hospital □			
Patient Name:								
Patient DOB:					nt Blood T	ype:		
Patient Antibody Screen: Antibody ID:								
	sorto e a como como a co					y octobri.	Allowy io.	
Special Transfusion	requirements:							
Unit Compatibility (c	ible	Least Ir	ncompatible	patible Uncrossmatched				
Unit # Component type (circle): RBC PF24 Platelets Cryo								
Unit ABO (circle):	A B O AB	Rh typ	e (circle)	Negative	Positive	Antig	gen Negative:	
Issuing: Date:	Time		Loca	ation:		Signatur	re indicates visual inspections were passed	
Tech:	Tech: Courier:							
Returning: Date: Time: Location: Signature indicates visual inspections were passed								
Tech: Courier:								
Nuise/MD initials Transfusion checklist								
	Physician order is verified and consent has been obtained							
	The patient's name and DOB match the blood component label, and wristband							
	The patient's ABO group and Rh type							
	The unit #, donor ABO group, and Rh type if required							
	The unit is not expired							
The interpretation of crossmatch is acceptable, and any special requirements are met								
	rse:			Initials	s:D	ate:	Date:Time: Time: FTIME OF ISSUE:	
Issue Time: Start Time:					Completion Time:			
☐ Patient transferred fromto OR								
D 1 STOLES TO THE TOTAL SECTION AND AND AND AND AND AND AND AND AND AN								
				RANSFL				
First 15 min: 1-2mL/min (60 mL/hour). After 15 min: 4 mL/min (240 mL/hour) Alt rate:mL/hour								
Initial fluid warmer temp:° C Warmer ID: Ranger and/or Level 1 infuse						Varmer ID: Ranger and/or Level 1 infuser		
Temp Source:	(th	e temperatu	ire source	e should be	consistent	throughou	t the transfusion)	
	Date (M/D/Y)	Time	BP	Temp	Pulse	Resp	RN Mnemonic	
Pre (within 30 min)	1 1		1					
15 min	1 1		1					
Post	1 1		1					
Post 1 HR	1 1		1					
Post 4 HR	1 1		1	9				
35	als are documented related adverse re		Yes [1568 T. S. S. S.			A .	

