



Patient Sticker
 Use Mobilab patient sticker.
 IF unable to use Mobilab patient label - must
 have two RN signatures to verify chart label

Alternate Transfusion Documentation Form

Cayuga Medical Center Schuyler Hospital

Place Compatibility label on both copies

Issuing: Date: _____ Time: _____ Location: _____ *Signature indicates visual inspections were passed*
 Tech: _____ Courier: _____

Returning: Date: _____ Time: _____ Location: _____ *Signature indicates visual inspections were passed*
 Tech: _____ Courier: _____

Nurse/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

Signature of the RN/MD transfusionist: _____ Initials: _____ Date: _____ Time: _____

Signature of 2nd Nurse: _____ Initials: _____ Date: _____ Time: _____

UNITS MUST BE TRANSFUSED WITHIN 4 HOURS OF TIME OF ISSUE:

Issue Time: _____ Start Time: _____ Completion Time: _____

Patient transferred from _____ to OR see TAR for additional documentation

TRANSFUSION VITALS

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 infuser

Temp Source: _____ (the temperature source should be consistent throughout the transfusion)

	Date (M/D/Y)	Time	BP	Temp	Pulse	Resp	RN Mnemonic
Pre (within 30 min)	/ /		/	-			
15 min	/ /		/	-			
Post	/ /		/	-			
Post 1 HR	/ /		/	-			
Post 4 HR	/ /		/	-			

Check box if vitals are documented on the Anesthesia Record

Transfusion-related adverse reaction: Yes No *if Yes, Inform Blood Bank Immediately*

Volume transfused: _____ mL

See sticker on unit for signs/symptoms

