MEDICAL RECORD

# BLOOD OR BLOOD COMPONENT TRANSFUSION

## SECTION I -- REQUISITION

COMPONENT REQUESTED *(Check one)*

- ☐ RED BLOOD CELLS
- ☐ FRESH FROZEN PLASMA
- ☐ PLATELETS *(Proof of _____ units)*
- ☐ CRYOPRECIPITATE *(Proof of _____ units)*
- ☐ Rh IMMUNE GLOBULIN
- ☐ OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)*

_____ ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- ☐ TYPE AND SCREEN
- ☐ CROSSMATCH

DATE REQUESTED

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)*

DIAGNOSIS OR OPERATIVE PROCEDURE

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF PHLEBOTOMIST

DATE VERIFIED &TIME VERIFIED

SIGNATURE OF VERIFIER

## SECTION II -- PRE-TRANSFUSION TESTING

| UNIT NO. | TRANSFUSION NO. / PATIENT NO. |
|---|---|
| DONOR | RECIPIENT |
| ABO | ABO |
| Rh | Rh |

TEST INTERPRETATION

| ANTIBODY SCREEN | CROSSMATCH |
|---|---|
| | |

☐ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED | DATE

REMARKS:

Expiration Date:

PREVIOUS RECORD CHECK:

☐ RECORD ☐ NO RECORD

SIGNATURE OF PERSON PERFORMING TEST

## SECTION III -- RECORD OF TRANSFUSION

### PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)AT (Hour) ON (Date)*

I HAVE VALIDATED PRESCENCE OF BLOOD CONSENT ☐ YES ☐ NO

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)*

2nd VERIFIER *(Signature)*

PRE-TRANSFUSION

TEMP. PULSE BP

DATE OF TRANSFUSION | TIME STARTED

### POST-TRANSFUSION DATA

AMOUNT GIVEN _____ ML

TIME / DATECOMPLETED /INTERRUPTED

| REACTION | TEMPERATURE | PULSE | BLOOD PRESSURE |
|---|---|---|---|
| ☐ NONE ☐ SUSPECTED | | | |

If reaction is suspected -- IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

☐ URITICARIA ☐ CHILL ☐ FEVER ☐ PAIN

☐ OTHER

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

☐ NO ☐ YES *(Specify)* _____

SIGNATURE OF PERSON NOTING ABOVE

PATIENT IDENTIFICATION -- USE EMBOSSER *(For typed or written entries give: NAME -- Last, first, middle, rank/rate; hospital number and name of facility.)*

SEX | WARD

**BLOOD OR BLOOD COMPONENT TRANSFUSION STANDARD FORM 518** (REV. 9-92)

Prescribed by GSA/ICMB,FIRMR(41CFR) 201-9.202-1
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**MEDICAL RECORD COPY**

# INSTRUCTIONS FOR NON SELF-EXPLANATORY ITEMS

## SECTION I—REQUISITION

Component Requested

"Other (Specify)"—List any whole blood or blood product not on menu, i.e., washed RBC's, deglycerolized RBC's, etc.

"Volume Requested (If applicable)"—Use only when different from standard amount, i.e., exchange transfusion 50 ml.

"Known Antibody Formation/Transfusion Reaction"—Check Medical Records. Annotate N/A if appropriate.

"If Patient is Female, Is There History Of"—Check medical records. Annotate N/A if appropriate.

## SECTION II—PRE-TRANSFUSION TESTING

"Transfusion Number/Patient Number"—List either based on local procedures.

"Previous Record Check"—Current tests should be compared with prior records for ABO and Rh type, difficulty in blood typing, clinically significant unexpected antibodies, and severe adverse reactions.

"Test Interpretation"—Use the following standard notations. "NEG" or "POS" for antibody screen block. "COMPAT" or "INCOMPAT" for crossmatch block.

## SECTION III—RECORD OF TRANSFUSION

"Pre-Transfusion Data"

"Inspected and Issued by _____ at _____ on _____."
(Signature) (Hour) (Date)

This statement is to be completed by the issuing laboratory person once he/she has inspected the blood immediately before issue from the laboratory. The blood must not be abnormal in color or appearance or expired, and if any of these conditions exist the blood will not be used for transfusion.

"Signature" blank must contain the signature, as opposed to name, of issuing laboratory person.

"Hour" and "Date" are as of actual issue.

The issuing laboratory person will secure this form to the blood bag by string, rubberband, or tie knotted to the tag and the blood container before issuing the blood.

"Post-Transfusion Data"—Completed by transfusionist.

"Amount Given _____ ml"—Visual approximation.

"Description of Reaction"—Check appropriate reaction or describe "other" on separate sheet, if necessary, and attach to SF 518.

"Other Difficulties"—Check item or describe on separate sheet and attach to SF 518.