BCEHS | BC Emergency Health Services

Patient Label

PRE-Transfusion Checklist

1. **Prescription**

   ☐ Prescribing CCP (standing order)_____**and/*or***

   ☐ EPOS physician: _____**and/*or***

   ☐ Health Authority physician: _____

2. **Consent**

   ☐ Urgent/Emergency Health Care under the Health Care (Consent) and Care Facility (Admission) Act- Section 12 ***and/or***

   ☐ Health Authority informed consent form

3. **Patient Identification**

   ☐ Self ☐ Gov't Issued ID: _____

   ☐ Unknown ☐ Other: _____

4. **ID Band**

BCEHS Supply	Hospital Supply
☐ BCEHS Patient ID band	☐ Hospital ID band

5. **Blood Sample**

BCEHS Supply	Hospital Supply
☐ Group & Screen ☐ Venous Blood Gas *(when clinically appropriate)*	☐ N/A

6. **Safety Checks** (*2-person verification)*

BCEHS Supply	Hospital Supply
☐ Confirm security seal intact ☐ Verify Paperwork is present ☐ Verify TempTale for ✓ ☐ Inspect product and confirm expiry	☐ Verify paperwork matches patient ☐ Confirm security seal intact ☐ Inspect product and confirm expiry ☐ Verify product labels match paperwork

☐ **All steps completed - SAFE to transfuse**

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POST-Transfusion Checklist

7. Bloodwork and labeling

- ☐ EPOC: 1ml for VBG/Labs
- ☐ Group and screen: 1ml per tube
- ☐ Label sample with patient's *first* and *last name* (or unknown patient) ***and*** (*DOB* ***or*** *BCEHS Event Number*)
- ☐ Label sample with the *time* of collection, *date*, and *phlebotomist's initials* ❼ cooler
- ☐ Sample collected by (print name): _____(initial): _____

8. Transfusion Reaction

- ☐ No
- ☐ Yes *(complete section 8A)*

8A. Transfusion reaction report

Symptoms:	☐ Fever	☐ Dyspnea	☐ Urticaria	☐ Anaphylaxis
	☐ Hypotension	☐ Nausea	☐ Vomiting	☐ Other: _____
Treatments:	☐ None	☐ Oxygen	☐ Antihistamines	☐ Transfusion stopped
	☐ Diuretics	☐ Steroids	☐ Vasopressors	☐ Other: _____

9. Documentation

- ☐ Complete *Transfusion Record* **and** BCEHS *Transfusion Checklist*
- ☐ Attach digital pictures of both completed forms to *ePCR*
- ☐ Leave copies of *ePCR* and patient *Transfusion Record* at bedside

BCEHS Supply Deliver to Health Authority TMS:	**Hospital Supply**
☐ *Transfusion Record* ☐ *Transfusion Checklist* ☐ *ePCR* ☐ Unused product with cooler transport record	☐ Sending facility Health Authority documentation complete ☐ Unused hospital product returned to receiving hospital lab

Place patient label or fill:	Date: *DD/MM/YYYY*		
Last Name:	First Name:		
DOB: *DD/MM/YYYY*	Age:	Actual	Estimate
PHN:	Sex:	F	M

BCEHS Event #: _____

BCEHS Transfusionist (print name): _____(signature): _____
BCEHS Witness (print name):_____(signature): _____