



## **Cumulative Blood Product Record (CBPR)**

#### **Pre-transfusion Actions:**

(Place ✓ in Pre-transfusion Actions column below when **ALL** actions are complete\*)

- Consent for transfusion complete
- Patient/Family education (includes type of product, reason for administration, signs and symptoms of reactions, patient action required)
- Physician order for product
- · Intravenous site checked and patent
- · Pre-transfusion vital signs
- · Verification of correct blood products
- · Positive patient identification performed at bedside

\*If any action(s) Not Complete (NC) document "NC" below in Pre-transfusion Actions column and "state reason" in Intervention section

#### **Blood Products:**

See facility guidelines for complete list of blood products

AFFP: Apheresis Fresh Frozen Plasma

APLT: **Apheresis Platelets** 

Intended Use Donor Autologous Auto:

Cryoprecipitate Cryo:

CSP: Cryosupernatant Plasma DIV: Neonatal Red Cells FFP: Fresh Frozen Plasma

FP-24: Frozen Plasma HSA: Albumin

IVIG: Intravenous Immune Globulin

PLT: **Platelets** RBC: Red Blood Cells RhIG: WinRho

### **ASSESSMENT PARAMETERS:**

\* Reference transfusion reaction algorithm

If symptomatic document in assessment section and provide details in

intervention section

- Asymptomatic
- Chills and fever
- Rash or urticaria
- 3 Back pain
- Chest pain
- Dyspnea and shortness of breath

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<b>DATE</b>   D   D   M   M   M   Y   Y   Y   Y   Y   Y   Y	TIME	Pre-transfusion Actions	BLOOD PRODUCT	BLOOD GROAND Rh	(include all 16 characters) or LOT NUMBER	Blood Pressure	Temperature	Pulse	Respiratory Rate	O <sub>2</sub> Sat/ Therapy	Assessment	INTERVENTION (include signature and classification)
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# AFFIX BLOOD PRODUCT CHART COPY TAG