

Bedside Audit Form



Bedside Audit Order

Order number: * Transfusion date: * Priority: Routine Urgent Stat

* Ward/Area: ER ICU OR/RR Outpatient Clinic * Blood Component: RBC
 Medical/Surgery Ward Obstetrical Unit Platelets
 Chronic Care/Rehab Neonatal/Pediatric Plasma
 Cryoprecipitate

* Blood Component Unit #: * Time unit left laboratory:

Order Confirmation Check: [See References 1-2]

* Is the physician's order documented? Yes No
If yes, * Is component type specified? Yes No
* Is the infusion rate specified? Yes No

* Is there evidence that Informed Consent was obtained? Yes No

* Was the component verified against the physician order upon receipt on patient ward? Yes No

Identification of Patient Check: [See Reference 3]

* Was the recipient information on the BTL label/tag compared to the recipient information on the Laboratory Request form? Yes No

* Were the recipient's name and one additional unique identifier on the BTL label/tag compared with the identification attached to the patient? Yes No

* Did the confirmation of the patient's identification and the BTL label/tag take place in the presence of the patient? (at the bedside) Yes No

Verification of Component: [See Reference 4]

* Was the donor unit ABO/Rh on the CBS label verified to match that on the BTL label? Yes No

* Was the donor unit number on the CBS label verified as identical to that on the BTL label? Yes No

* Was the recipient's ABO/Rh on the BTL confirmed to be compatible with the donor unit? Yes No

If no indicate reason:

* Was the expiry date on the blood component verified to be acceptable? Yes No

Procedure Check: [See References 5-8]

* Time infusion started:

* Was the IV established and patent when the blood component unit arrived at the bedside? Yes No

* Was patient advised of symptoms to watch for and report during or following transfusion? Yes No N/A

* Were pre-transfusion vital signs checked within 30 min prior to transfusion? Yes No
If not within 30 minutes, specify: 30 min – 1 hour 1 – 2 hours > 2 hours

* Were vital signs checked 15 min after start of transfusion? Yes No

* What vital signs were documented during transfusion? Temperature Blood Pressure
 Pulse Respiration
 Other (please specify):

Name of Auditor:

Initials: