

## MB Guideline 8

### Health Record Documentation of Blood Components and Blood Products

#### 1.0 Purpose

- 1.1. To provide best practice guidelines for nurses that align with the standards set forth by AABB and the Canadian Society for Transfusion Medicine for medical record documentation of blood components and blood products.
- 1.2. The standards state that an order from a physician/authorized practitioner is required for the administration of all blood, blood components and/or derivatives. The decision to use blood, blood components and/or derivatives should permit optimal patient care while fostering prudent clinical use of the allogeneic blood supply.
- 1.3. And that the responsibility of the transfusionist shall include confirmation that the physicians/authorized practitioner order accurately identifies the recipient name, identification number, blood component or blood product, rate of infusion, date and time and all other items.

#### 2.0 Policy for Health Record Documentation of Blood Components and Blood Products

- 2.1 Health care facilities/Regional Health Authorities (RHA) in Manitoba must have policies in place to ensure appropriate documentation of blood product administration.

#### 3.0 Documentation

- 3.1 The patients' health record shall include the following:

- Transfusion order
- Documentation of patient consent
- Name of component/ product, donation identification number/ lot number,
- Date and time of administration
- Pre-transfusion, intra-transfusion, and post-transfusion vital signs
- Amount transfused
- Name of transfusionist and second personnel verifying product prior to administration
  - And if applicable, transfusion related adverse events [See MB Guideline 7 Transfusion Reaction-Identification, Management and Reporting.](#)

Transfusion order should specify:

- ✓ Patients last name, first name and PHIN. If no PHIN, a unique identifier should be used as per facility RHA guidelines.
- ✓ The date, time and duration of the transfusion/infusion.
- ✓ The amount and type of blood, blood product to be administered.
- ✓ The indication for transfusion/infusion.
- ✓ Any special transfusion/infusion requirements to the blood product. For example: irradiation, washing, CMV negative etc.
- ✓ The sequence in which multiple blood, components are to be administered.
- ✓ The use of blood warmer or rapid infusion device if applicable. Refer to established facility RHA guidelines for clinical areas where this is acceptable.

#### **4.0 Materials**

##### **4.1 Forms related to documentation of Blood Components and Plasma Protein Products**

- Physicians order form
- CBPR
- Nurses notes or IPN
- ROT (Record of Transfusion)

#### **5.0 Procedure**

**5.1** Document on the CBPR the date and time of transfusion, baseline VS and assessment. Two signatures are required to identify the 2 person verification.

**5.2** Document in the nurses notes any specific details regarding the consent process, education provided to patient and family, the response to transfusion. For additional details refer to Appendix 6 [Cumulative Blood Product Record Completion Guide and sample](#)

**5.3** Sign and date the ROT where applicable and return to Blood Bank according to facility RHA procedure.

## 6.0 Quality Control

**6.1** A facility base quality improvement system or process should be in place to monitor appropriate processing of treatment orders, patient identification with correct product, appropriate utilization of blood and blood products and proper consent processes.

## 7.0 Notes/Special Consideration

**7.1** Electronic health records where they exist should have the capacity to include all of the same required elements as described above.

**7.2** Cumulative Blood Product Record (CBPR) – a regional health record form which is mandatory for facility staff to complete when blood and blood products are being transfused/infused on an in-patient or an out-patient. CBPR must be permanently retained in the facility health record.

### **Facility endorsement if guideline is used as Standard Operating Procedure (SOP)**

Approved by: \_\_\_\_\_  
(Senior Management) (Senior Management)

Facility effective date: \_\_\_\_\_  
(Date of implementation)