

Cumulative Blood Product Record (CBPR)

Patient Consent/Verification of Product:

1. Verify that consent for transfusion has been completed by physician*
2. Treating practitioners verify at patient's bedside (2 initials required)*
 - identity of patient
 - correct blood product

Assessment for Suspected Transfusion Reaction:

- A. If patient is not symptomatic document "N" and proceed with transfusion.
- B. NEW onset of symptoms following initiation of product:
 - Temperature rise greater than 1 degree Celsius
 - Chills/Rigors
 - Dyspnea/Hypoxemia
 - Urticaria/Pruritus
 - Tachycardia
 - Jaundice
 - Hyper/Hypotension
 - Hemoglobinuria
 - Bleeding at IV site
 - Pain (location)

Document "Y" in suspected transfusion reaction section, proceed to the Transfusion Reaction Algorithm, and document in the patient record any symptoms, actions or interventions.

Blood Products:

- | | | | |
|----------------|-----------------|--------------|--|
| RBC: | Red Blood Cells | IVIG: | Intravenous immune globulin |
| Plasma: | FP24 or AAFP | PCC: | Prothrombin complex concentrate (i.e. Octaplex®) |
| PLT: | Platelets | F/rF: | Factor/recombinant factor |
| HSA: | Albumin | SCIG: | Subcutaneous immune globulin |
| CRYO: | Cryoprecipitate | HBIG: | Hepatitis B immune globulin |
| RhIG: | WinRho® | | |

**If not listed please refer to Product Monographs on BBM*

Date D D M M Y Y Y Y	Time 24 HOUR	Consent/Verification (✓)	Blood Product/ Group and Rh	Donation Number or Lot Number and Sequence Number	Vital Signs						Return ROT (✓)	Suspected Transfusion Reaction	Intervention(s)/ Total Volume Infused* (also record on Fluid Balance Record)	Initial(s)		Patient Provided Notification of Transfusion (✓)
					Blood Pressure	Temperature	Pulse Rate	Respiratory Rate	Oxygen Saturation	Oxygen Therapy						

