Cumulative Blood Product Record Completion Guideline

1.0 Form Purpose

The purpose of the Cumulative Blood Product Record is to provide a standardized documentation format and record of blood, blood components and plasma protein products for transfusion/infusion.

1.1 To comply with the Manitoba Transfusion Best Practice Resource Manual

1.2 All blood, blood components and plasma protein products administered to a patient shall be recorded on the CBPR. Products should be listed in the order that they are given. Vital signs may be recorded on appropriate flow sheets in use on the unit.

1.3 Any transfusion reactions and medical/nursing interventions shall be documented on the CBPR, as applicable and if necessary supplemented in the patient progress notes.

2.0 Definitions

Cumulative Blood Product Record (CBPR) – a provincial health record form which is mandatory for facility staff to complete when blood and/or blood components and/or Plasma Protein Products are being transfused/infused on an in-patient or an out-patient. The form content is consistent with the Manitoba Transfusion Medicine Best Practice Resource Manual and the Manitoba Transfusion Reaction Algorithm.

3.0 Used By

3.1 Staff authorized to administer blood, blood components and plasma protein products in accordance with established site policies and procedures within the Province of Manitoba.

4.0 Guidelines for Completion of CBPR

4.1 Documentation shall be completed throughout the transfusion/infusion according to site policies and procedures.

4.2 The CBPR shall be addressographed with patient’s demographics.

4.3 Pre-transfusion actions shall be completed in accordance with site policies and procedures including the WRHA Informed Consent Policy #110.000.005 or the
regional health authority’s informed consent policies prior to this form being used.

4.3.1 Patient consent and verification of product must be complete prior to initiation of infusion of any blood product or derivative. Once this has been complete this should be indicated with a check mark at the start of the infusion of any new product.

4.4 The date and time of any interventions shall be documented in the date and time columns.

4.5 The type of blood product established shall be recorded using the reference key for the appropriate acronym. Blood products not referenced on the key may be sourced from the Product Monographs on BBM [https://bestbloodmanitoba.ca/product-monographs/](https://bestbloodmanitoba.ca/product-monographs/). Only blood products that are issued from the blood bank are to be charted on the CBPR.

4.6 The blood group and Rh of the product shall be documented and are found on the blood product label.

4.7 The donation number or lot number and sequence number (if available) shall be recorded as appropriate. Identifier stickers on the bag may be affixed to the form, otherwise information shall be legibly handwritten.

4.8 Vital signs shall be recorded according to parameters listed. In the instance of electronic charting systems the vital signs may be recorded on the EPR system. Any other observations shall be documented in the intervention column and/or patient progress notes.

4.9 The Record of Transfusion (ROT) must be signed at the onset of transfusion and returned back to the blood bank. This document once returned to the blood bank is scanned into the Trace line system and completes the vein to vein process. It is pertinent to return this to the blood bank as soon as possible and according to your facilities blood bank guidelines. Once this has been signed and returned please indicate with a check mark on the CBPR.

4.10 Interventions documented shall include pre transfusion vital signs, assessments, symptoms, interventions, initiation and completion of transfusion

4.11 Once the transfusion has been established the authorized prescriber must remain with the patient for 15 minutes to monitor for signs and symptoms of a transfusion reaction. If a patient does not have any reaction to the transfusion this can be indicated by marking an “N” in the box labeled “Suspected Transfusion Reaction”. If there is a NEW onset of symptoms related to the transfusion then the transfusionist will mark a “Y” in the box and proceed to document what actions have been taken. This can be documented on the CBPR in the intervention section or in the patients chart. Please see Guideline 7 for information on Transfusion Reactions.
Cumulative Blood Product Record (CBPR)

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<th>Form Name:</th>
<th>Cumulative Blood Product Record (CBPR)</th>
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<th>Per site specifications</th>
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<td>Approved By:</td>
<td>CBPR working group, PNRWG</td>
<td>Pages:</td>
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</tr>
<tr>
<td>Approval Date:</td>
<td>April 2019</td>
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4.12 Total volume of product infused shall be documented for each product infused/transfused. This is to be documented in the Interventions column as well as on the facilities fluid balance record at the end of the transfusion.

4.13 Initials of 2 authorized providers are required when establishing the blood product as per Manitoba Transfusion Medicine Best Practice Resource Manual. This is to be completed once the established checks of the blood/ blood product matches the patient that it is intended for.

4.14 A Blood Product Patient Notification Record shall be completed by the staff upon transfer or discharge from the facility. Please see appendix 13- sample notification card. This includes checking off all types (not amounts) of blood products transfused/infused. The record shall be provided to the patient and/or family member or designate. A check mark and signature on the CBPR form shall be completed by the person providing the Blood Product Patient Notification Record to the patient. For patients receiving frequent transfusions one Blood Product Patient Notification Record may be updated or initiated to include multiple visits. The Blood Product notification can be added to a patients discharge instruction sheet from the facility if this is provided. This is not required on an inner facility transfer, only on discharge from the facility.

5.0 Filing/Routing Instructions

5.1 CBPR must be permanently retained in the facility health record.