Blood Transfusion Record

<table>
<thead>
<tr>
<th>Component</th>
<th>Unit ID Code</th>
<th>Unit ABO/Rh</th>
<th>Start Date/Time</th>
<th>End Date/Time</th>
<th>Adverse Reaction (Record details on PCR)</th>
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<td>YES  NO</td>
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If acute transfusion reaction is suspected: stop infusion, replace all tubing and maintain IV line with 0.9% NaCl. Contact Medical Control ASAP. Treat per protocol. Remainder of unit and administration set must be given to receiving hospital staff. Do not initiate another unit unless advised to do so by Medical Control.

Medical Control Contacted: PRINT NAME SIGNATURE

Was a transfusion reaction suspected? Check correct box below.

☐ No - Transfusion Reaction NOT Suspected (Check off each item as completed.)
   ☐ Discard empty blood bags & used administration sets as medical waste. Give the following to receiving hospital staff for delivery to blood bank:
       ☐ Transport container(s) ☐ Unused blood component(s) ☐ Blood specimen(s) (if any)
       ☐ Manifest/Packing slip ☐ Copy of Blood Transfusion Record

☐ Yes - Transfusion Reaction Suspected (Check off each item as completed.)
   Give the following to receiving hospital staff for delivery to blood bank:
       ☐ Transport container(s) ☐ All blood bags ☐ Used administration sets ☐ Blood specimens (if any)
       ☐ Manifest/Packing slip ☐ Blood Transfusion Record ☐ Pre-Hospital Care Report

Receiving Hospital Staff: PRINT NAME SIGNATURE

TITLE DATE TIME

Copy to – Receiving Hospital Blood Bank
Copy to – Ambulance Transfusion Service
Copy to – fax to Issuing Hospital Emergency Room after completed

DOH-5209 (4/16)