

All Wales Transfusion Record (v5.1, 2024) – administration of transfusion

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The person administering a transfusion does not need to document anything on page 1 of the revised All Wales Transfusion Record (AWTR v5).

Transfusion Associated Circulatory Overload (TACO)

If the patient has been identified as being at risk of TACO, then the staff administering the transfusion should be aware of any risk reduction interventions/actions.

Completion of Consent and TACO sections

It is important that these sections are fully completed by the person making the decision to transfuse and producing this written instruction.

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Pre-administration Checklist

A series of tick-boxes has been introduced to allow active confirmation of each of the points. As being at risk of TACO, then the staff administering the transfusion should be aware of any risk reduction interventions/actions.

Signature

The person administering the transfusion signs here to confirm completion of the pre-administration checks and commencement of the transfusion of that blood component unit.

Instruction for Administration of Units

This section is to be completed by the person making the decision to transfuse. The indication code or reason for transfusion will provide a clear and direct understanding of why the patient is having this transfusion.

Unit Donation Number, Administration and Observations

This section is to be completed during the administration of the blood component.

The observations recorded here are the minimum monitoring required. Use the NEWS (National Early Warning Score) chart if deviations from baseline are noted.

Affix addressograph here or write patient details:
 Forename: _____
 Surname: _____
 Date of Birth: _____
 Hospital/NHS no: _____

Pre-administration checklist – MUST BE COMPLETED by the person administering immediately prior to the transfusion, **AT THE PATIENT'S SIDE**

• Patient is wearing identification (ID) band, or approved alternative is in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Patient identifiers on ID band are correct (confirmed by PPI* where possible)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Patient identifiers on compatibility label match those on ID band and AWTR**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Donation number on compatibility label and component are identical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Patient's blood group is compatible with component blood group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Component is within expiry date/time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Visual check of component completed (leaks, discolouration, clumping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Component is correct (i.e. red cells, platelets, FFP, or cryoprecipitate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Concomitant medication administered (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Specific requirements met (if any indicated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sign to confirm completion of checklist.

Indication Code (NBTC) (see QR code)	Date to be given	Component / Product	Unit / ml/s	Rate / Duration	Concomitant Medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	QR Code	Specific Requirements or Instructions		Authoriser		
							Irradiated <input type="checkbox"/>	CMV negative <input type="checkbox"/>	HLA Matched <input type="checkbox"/>	Other: _____	Print name: _____
Affix adhesive blood component label here or record the 14 digit donation number: _____							Administration and Observations				
TO BE RE-ASSESSED BETWEEN UNITS?	Date:		Temp.	HR	RR	BP	SpO ₂	Time	Initial		
	Start time:	Pre-transfusion									
	End time:	15 minutes									
		End									