

# All Wales Transfusion Record (v5.1, 2024) – written instruction

**ALL WALES TRANSFUSION RECORD**

This is a permanent record of transfusion and must be filed or scanned

Patient Details

Affix addressograph here or write patient details

Hospital/NHS No:	Assigned sex at birth:	Hospital/Unit:	Weight (kg):
Forename:	Surname:	Ward/Dept:	
Address:	Date of birth:	Consultant:	

[Essential for TACO risk management]

Consent to Transfusion

– to be completed and signed by the authoriser prior to authorising blood component transfusion

Informed and valid consent for transfusion should be completed for all patients who will likely, or definitely, receive a transfusion<sup>1</sup>. Confirm if the following have taken place:

<sup>1</sup>SABTO 2020

1. Reason for transfusion, intended benefits, risks and alternatives have been discussed with the patient*	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. The patient has been offered a 'Receiving a Blood Transfusion' Patient Information Leaflet (PIL) [see QR code below]	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. The right to withdraw consent at any point and possible consequences of this has been discussed with the patient	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. The points above, and the outcome of the discussion, are documented in the patient's healthcare record	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. The patient has consented to having a blood transfusion	Yes <input type="checkbox"/> Not possible <input type="checkbox"/>

\* or parent/guardian/appointed advocate

If 'No' to any of the above, state the reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Cymraeg English

Specific Transfusion Requirement

– to be completed by the authoriser prior to authorising blood component transfusion

Does the patient have specific transfusion requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes, please indicate:</i>	Irradiated <input type="checkbox"/>	CMV Negative <input type="checkbox"/>	HLA matched <input type="checkbox"/>	
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Transfusion Associated Circulatory Overload (TACO) Risk Assessment

– to be completed and signed by the authoriser prior to authorising blood component transfusion

	<ul style="list-style-type: none"> <li>Does the patient have a diagnosis of 'heart failure' congestive cardiac failure (CCF), severe aortic stenosis, or moderate to severe left ventricular dysfunction?</li> <li>Is the patient on a regular diuretic?</li> <li>Does the patient have severe anaemia?</li> </ul>	Table adapted from the SHOT TACO checklist, accessible here:  
	<ul style="list-style-type: none"> <li>Is the patient known to have pulmonary oedema?</li> <li>Does the patient have respiratory symptoms of undiagnosed cause?</li> </ul>	
	<ul style="list-style-type: none"> <li>Is the fluid balance clinically significantly positive?</li> <li>Is the patient receiving intravenous fluids (or received in previous 24 hours)?</li> <li>Is there any peripheral oedema?</li> <li>Does the patient have hypoalbuminaemia?</li> <li>Does the patient have significant renal impairment?</li> </ul>	

Following assessment, was a risk of TACO identified? Yes  No

If Yes, clearly document in the patient's healthcare record details of the risk assessment and any intervention/actions to manage the risk.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** The person administering the blood component transfusion must ensure that the consent to transfusion and TACO risk assessment above have been completed. If there are any concerns regarding either of these, they must be resolved with the person making the decision to transfuse/authorising the transfusion prior to commencing administration.

Transfusion Reactions:

Acute reactions to blood components may manifest during the transfusion or up to 24 hours after; refer to local protocols for management of reactions, and seek expert advice as appropriate (e.g. haematologist, transfusion practitioner, transfusion laboratory). It is recommended that patients discharged within 24 hours of transfusion are given a contact card with 24-hour access to clinical advice.

## Weight

This is new to the All Wales Transfusion Record (AWTR); it is the responsibility of the person completing the written instruction to ensure that this is measured and documented here.

## Consent to Transfusion

This section has been expanded; a series of checkboxes have been introduced, to be completed by the person making the decision to transfuse and producing this written instruction; these are to confirm what should be also being documented in the patient records.

A direct QR code link to a patient information leaflet online has been put here to support the consent discussion.

## Specific Transfusion Requirements

It continues to be the responsibility of the person producing this written instruction to determine if there are any requirements and identify them here (as well as informing the transfusion laboratory).

## Transfusion Associated Circulatory Overload (TACO)

The person producing this written instruction must assess if the patient is at risk of circulatory overload, including how blood component transfusion might contribute to this risk.

Any interventions or actions to minimise the risk of TACO must be included in this written instruction (where applicable), documented in the patient's record, and the staff who will be administer the transfusion informed directly of the risk and reduction measures to be taken.

A direct QR code link to the SHOT TACO checklist has been put here to provide additional supporting information on assessment and intervention.

All Wales Transfusion Record

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January 2024, version 5.1

WBS Blood Health Team, 2023

# All Wales Transfusion Record (v5.1, 2024) – written instruction

## Instruction for Administration of Units

The written instruction for each unit is no longer on the first page of the AWTR, but is now immediately above the space where details of the administration and observation of that unit are to be recorded. The AWTR is now four A4 sides, pages 3 and 4 having the space for the written instruction and record for units 4 to 9.

## Indication Code or Reason for Transfusion

Another new element to the AWTR. The person completing this written instruction should put this information here (as well as having documented this in the patients records); this will provide a clear and direct understanding of why the patient is having this transfusion.

The NBTC indication codes for transfusion is a summary of national guidelines for the use of blood components in adults that aims to act as a prompt for clinicians to facilitate appropriate use. A direct QR code link to these codes has been put here.

Further guidance can also be found here: [www.bloodcomponents.org.uk/](http://www.bloodcomponents.org.uk/); the associated app to this website **NHS Blood Components** can be downloaded from App Store and Google Play.

## Concomitant Medication

Indicate here whether any is prescribed (on the medicine chart) or not.

## Specific Transfusion Requirements

Must be identified here for each unit as well as on the first page. There is also space here for other requirements or instructions, such as blood warmer.

## Authoriser

The person producing the written instruction for each unit must complete.

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

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

**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"/>
• Patient identifiers on ID band are correct (confirmed by PPI* where possible)	<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"/>
• Donating number on compatibility label and component are identical	<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"/>
• Component is within expiry date/time	<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"/>
• Component is correct (i.e. red cells, platelets, FFP, or cryoprecipitate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Concomitant medication administered (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Specific requirements met (if any indicated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Positive Patient Identification  
\*\*All Wales Transfusion Record

**Sign to confirm completion of checklist:**

Indication Code (NBTC) (see QR code) or Reason for Transfusion:	Date to be given				Concomitant Medication?	Specific Requirements or Instructions	Authoriser	
	Component / Product	Unit / mls	Rate / Duration	Yes <input type="checkbox"/> No <input type="checkbox"/>	Print name:		Signature:	
Unit 1 Affix adhesive blood component label here or record the 14 digit donation number:	<b>Administration and Observations</b>							
	Date:	Temp.	HR	RR	BP	SpO <sub>2</sub>	Time	Initial
	Start time: Pre-transfusion							
	Signed: 15 minutes							
End time: End								
Unit 2 Affix adhesive blood component label here or record the 14 digit donation number:	<b>Administration and Observations</b>							
	Date:	Temp.	HR	RR	BP	SpO <sub>2</sub>	Time	Initial
	Start time: Pre-transfusion							
	Signed: 15 minutes							
End time: End								
Unit 3 Affix adhesive blood component label here or record the 14 digit donation number:	<b>Administration and Observations</b>							
	Date:	Temp.	HR	RR	BP	SpO <sub>2</sub>	Time	Initial
	Start time: Pre-transfusion							
	Signed: 15 minutes							
End time: End								

IF AUTHORIZING MORE THAN ONE UNIT OF RED CELLS – IS THE PATIENT GOING TO BE RE-ASSESSED BETWEEN UNITS?

All Wales Transfusion Record 2 January 2024, version 5.1