

All Wales Transfusion Record (v5.1, 2024)

Consent to Transfusion

Updated SaBTO guidance in 2020¹ placed even greater emphasis on the topics to be discussed with the patient.


It is the responsibility of the person making the decision to transfuse and completing this written instruction to address all five points listed here.

¹<https://www.gov.uk/government/publications/blood-transfusion-patient-consent>


Administration

The person administering a transfusion must ensure the consent to transfusion and TACO risk assessment sections have been completed on the written instruction.

Clinical leaders, and those producing written instructions for transfusion themselves, must be fully supportive of staff who challenge when a section has not been completed.



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/Unit:	Weight (kg): <small>(Essential for TACO risk management)</small>
Hospital/NHS No.:	Assigned sex at birth:	Ward/Dept:	
Forename:	Surname:	Consultant:	
Address:		Date of birth:	

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 transfusion¹. Confirm if the following have taken place:

¹SaBTO 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"/>	Irradiated <input type="checkbox"/>	CMV Negative <input type="checkbox"/>	HLA matched <input type="checkbox"/>
If Yes, please indicate:		<small>Useful resource – Blood Assist:</small>		

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

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 (kg)

Having an accurate weight of the patient is essential to minimising the risk of overload.

Specific Transfusion Requirement

To be identified here by the person completing this written instruction for transfusion, and also to be completed for each unit of blood component authorised.

TACO Risk Assessment

A 'checklist' approach is taken to assessing patients.

It is the responsibility of the person making the decision to transfuse and completing this written instruction to make any interventions as necessary and inform staff caring for the patient.

QR Codes

These have been included to facilitate direct access to webpages with relevant supporting material.

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Instruction for Transfusion

The written instruction for each unit is now completely contained in just one part of the All Wales Transfusion Record (AWTR).

Indication Code or Reason for Transfusion

The person making completing this written instruction should put this information here, as well as having documented this in the patients records.

This then constitutes a holistic transfusion record, and will also directly inform the person administering the 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.

Further guidance on these indication codes can be found here:

www.bloodcomponents.org.uk/; the associated app to this website, [NHS Blood Components](#), can be downloaded from App Store and Google Play.

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"/>
• 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"/>
• Donation 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:	Specific Requirements or Instructions					Authoriser	
	Date to be given	Component / Product	Unit / mls	Rate / Duration	Concomitant Medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	Irradiated <input type="checkbox"/>	Print name:
Unit 1 <i>Affix adhesive blood component label here or record the 14 digit donation number:</i>						CMV negative <input type="checkbox"/>	Signature:
						HLA Matched <input type="checkbox"/>	
						Other: <input type="checkbox"/>	
Administration and Observations							
Date:		Temp.	HR	RR	BP	SpO ₂	Time
Start time:	Pre-transfusion						
Signed:	15 minutes						
End time:	End						
Unit 2 <i>Affix adhesive blood component label here or record the 14 digit donation number:</i>						CMV negative <input type="checkbox"/>	Signature:
						HLA Matched <input type="checkbox"/>	
						Other: <input type="checkbox"/>	
Administration and Observations							
Date:		Temp.	HR	RR	BP	SpO ₂	Time
Start time:	Pre-transfusion						
Signed:	15 minutes						
End time:	End						
Unit 3 <i>Affix adhesive blood component label here or record the 14 digit donation number:</i>						CMV negative <input type="checkbox"/>	Signature:
						HLA Matched <input type="checkbox"/>	
						Other: <input type="checkbox"/>	
Administration and Observations							
Date:		Temp.	HR	RR	BP	SpO ₂	Time
Start time:	Pre-transfusion						
Signed:	15 minutes						
End time:	End						

All Wales Transfusion Record 2 January 2024, version 5.1

Pre-administration checklist

A confirmatory tick-box checklist has been introduced to be completed by the person who is administering the transfusion, to be repeated for each unit given.

Specific Transfusion Requirement

This needs to be identified here also by the person completing this written instruction for transfusion, for each unit.

This will reinforce the requirement for each unit as it is authorised, and as it is administered.

SpO₂

While SpO₂ monitoring is not part of the recommended minimum observations for transfusion (BSH 2017), the outcome of the AWTR review consultation process in 2022 was to include this here.

AWTR Page 3 & 4 (unit 4-9)

The AWTR is now four A4 sides. Page 3 and 4 are the same as page 2 shown here with the space for the written instruction and record for units 4 to 9.