

All Wales Transfusion Record (v5.1, 2024) – what's new?



Page 1...

Version 5.1, January 2024

Minor changes to the previous version.

4. The points above, and the outcome of the discussion, are documented in the patient's healthcare record. Yes No

5. The patient has consented to having a blood transfusion. Yes Not possible

* or parent/guardian/appointed advocate

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

Signature: _____ Print Name: _____ Date: _____

Cymraeg English

Consent to Transfusion section

Point 5. response options have been amended from 'Yes' or 'No' to 'Yes' or 'Not possible'.

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

Useful resource – Blood Awareness

Does the patient have specific transfusion requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please indicate:	Irradiated <input type="checkbox"/>	CMV Negative <input type="checkbox"/>	HLA matched <input type="checkbox"/>
--	--	-------------------------------------	---------------------------------------	--------------------------------------

Specific Transfusion Requirement section

Amended to ask first if the patient has any specific requirements ('Yes' or 'No'), and if 'Yes' to then indicate what these are.

Page 2 onwards...

Pre-administration checklist

The running order of these checks in this list has been rearranged.

Sign to confirm completion of checklist

The person administering the transfusion still signs here to confirm completion of the pre-administration checks.

Sign to confirm starting of administration

The person administering the transfusion also signs here to confirm commencement of administration of that unit of blood component transfusion.

Safe practice message

A message has been included to support safe management of patients having more than one unit of red cell transfusion.

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

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**

	Unit 1	Unit 2	Unit 3
• 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: _____

Affix adhesive blood component label here

record the 13 digit donation number: _____

Date:	Administration and Observations							
	Temp.	HR	RR	BP	SpO ₂	Time	Initial	
Start time: Pre-transfusion								
Signed: 15 minutes								
End time: End								