AUDIT OF TRANSFUSION POLICY



Stu	dy Number		
Ho	spital		
1.	Does your hospital have written policies on blood transfusion practice?	Yes	No
If Y	YES please continue below		
2.	Does the policy specify details of author, date of issue and date of review	Yes	No
3.	Do the staff know where to find the policy	Yes	No
4.	Within the document is there a written policy statement on the labeling of blood samples for blood grouping and cross matching?	Yes	No
5.	Is there a written policy statement on which staff can take samples for blood grouping and cross matching?	Yes	No
6.	Is there a written policy statement on what training should be given to staff who can take samples for blood grouping and cross-matching?	Yes	No
7.	Is there a written policy statement stating that wristbands should	Yes	No
8.	be worn during transfusion by: a) All patients?	Yes	No
	 b) All patients unless a specified alternative method is used (i.e. where an emergency number has been allocated to an unknown patient in the emergency department) 	Yes	No
9.	Is there a written policy statement on who is authorised to collect blood components and products?	Yes	No
10.	Does the policy state what patient identification details are when collecting blood components and products	Yes	No
11.	Within the document is there a policy statement about the in administration of blood?	Yes	No
12.	s there a policy statement on how the identity of the patient is verified prior to transfusion?	Yes	No
	 a) If YES does it contain the following for conscious patients? i) Ask the patients to state forename and surname and DOB ii) Check the patient's wristband? 	Yes Yes	No No
t	 i) If YES does it contain the following for <u>unconscious</u> patients? i) Check the patients wristband for forename and surname ii) Check the patients wristband for DOB and hospital number 	Yes Yes	No No
13	s there a policy statement that the following should be checked: i) The expiry date on the unit ii) Discoloration/haemolysis of the unit	Yes Yes Yes	No No No

14	a)	Yes	No			
	If YES does it include: i) Pulse ii) Temperature		Yes	No		
				iii) BP iv) Respirations	Yes Yes	No No
15	b)		e a policy statem be made?	nent that post-transfusion observations	Yes	No
		If YES	does it include:	i) Pulse	Yes	No
		Yes	No	ii) Temperature iii) BP	Yes	No
		163	140	iv) Respirations	Yes	No
16			olicy statement sion reaction?	that specifies what to do in the event	Yes	No
		If YES	does it include:	i) Stop transfusion	Yes	No
				ii) Contact the hospital blood bank iii) Seek advice from medical staff	Yes Yes	No No
				iii) Seek advice Iroiii iiiedicai staii	162	NO
17	ls t	here a p	olicy statement	on the documentation required	Yes	No
18	info		to patients about	re a policy statement about providing ut transfusion before the blood	Yes	No

PATIENT WRISTBAND AUDIT



This audit will provide you with a snaphot of compliance with the use of a wristband with the essential minimum data set at the time of transfusion within your hospital. Collect data from 10 different transfusion episodes in different clinical areas. Complete each column from the patient's bedside at the time of the transfusion episode. Please write Y for 'Yes' in each column where evidence is found or N for 'No' where there is no evidence present.

Date:_____

						patient	s the t have a and on	wristb	es the and state name	wristb	es the and state OOB	wristba	s the and state I Number	wristba	s the and state ander
Patient	Surg	Gynae	Med	ITU	Other	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Patient 1															
Patient 2															
Patient 3															
Patient 4															
Patient 5															
Patient 6															
Patient 7															
Patient 8															
Patient 9															
Patient 10															

AUDIT OF BLOOD SAMPLING FOR TRANSFUSION



This audit will provide you with a snapshot of blood sampling practice within your clinical area. Collect data for 12 sampling episodes. Complete each column from the patient's side at the time of the sampling episode. Please write **Y** for 'Yes' in each column where evidence is found or **N** for 'No' where there is no evidence present, alternatively **N/A** where the statement is not applicable.

AUDIT QUESTIONS	1	2	3	4	5	6	7	8	9	10	11	12
a) Doctor												
b) Nurse												
c) Phlebotomist												
d) Other												
2a. Is the patient conscious?												
2b. If conscious, were they asked to confirm their												
last name, first name and date of birth)?												
3. Concerning the identification wristband												
a) Is the patient wearing an identification wristband?												
b) If yes, does the wristband contain the patient's												
surname?												
c) If yes, does the wristband contain the patient's first												
name?												
d) If yes, does the wristband contain the patient's gender?												
e) If yes, does the wristband contain the patient's date of												
birth?												
f) If yes, does the wristband contain the Patient Hospital												
Identification Number?												
g) If NO to any of the above, did the patient come in as an												
Unknown patient via the Accident and Emergency												
Department?												
a) Were the samples tubes prelabelled												
b) Were the sample tubes labeled beside the patient												
c) Were the sample tubes labelled elsewhere												
d) Were the samples labeled by hand according to local												
policy												
d) Were the samples labeled with an addressograph label												
according to local policy												

AUDIT OF BLOOD TRANSFUSION ADMINISTRATION PRACTICE



This audit will provide you with a snapshot of transfusion practice within your clinical area. Collect data for 12 different transfusion episodes. Complete each column from the patient's bedside at the time of the transfusion episode. Please write **Y** for 'Yes' in each column where evidence is found or **N** for 'No' where there is no evidence present, alternatively **N/A** where the statement is not applicable.

AUDIT QUESTIONS	1	2	3	4	5	6	7	8	9	10	11	12
1. Is the patient an in-patient (admitted to a clinical area												
at least as an overnight admission?)												
2. Is the patient having the transfusion in an area where												
they can easily be visually monitored by staff												
throughout the transfusion episode?												
3. Is the patient conscious?												
4. If conscious, were they asked to confirm their last												
name, first name and date of birth)?												
Concerning the identification wristband												
1. Is the patient wearing an identification wristband?												
2. If yes, does the wristband contain the patient's												
surname?												
3. If yes, does the wristband contain the patient's first												
name?												
4. If yes, does the wristband contain the patient's gender?												
5. If yes, does the wristband contain the patient's date of												
birth?												
6. If yes, does the wristband contain the Patient Hospital												
Identification Number?												
7. If NO to any of the above, did the patient come in as an												
Unknown patient via the Accident and Emergency												
Department?												
8. Does the identity of the patient wristband match with												
the details on the blood component being transfused?												
Concerning the actual unit being transfused at the time of	of the a	udit	_									
Is the compatibility report or the prescription sheet												
signed by the person administering the blood?												
2. Is the date of the transfusion recorded on the												
compatibility report or the prescription sheet?												
3. Has the commencement time of the unit been recorded												
on the transfusion documentation record?												
4. Has the stop time of the unit been recorded on the												
transfusion documentation record?												