

Genesee County Medical Control Authority

Blood Transfusion Record Form

PATIENT DESTINATION STICKER	Donor ABO/Rh: _____ Donor Unit #: _____ Product Type: <input type="checkbox"/> PRBC <input type="checkbox"/> WB <input type="checkbox"/> PLASMA Product Code: _____ Crossmatch Status: <u>Uncrossmatched</u> <i>(Fill in the information above or affix a Compatibility Label)</i>
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VITAL SIGNS:					
	Time	Initials	Temp	Pulse	Blood Pressure
Pre-Transfusion					
Date/Time Started:			Started by:		
During Transfusion	5 min				
	15 min				
	25 min				
	35 min				
	45 min				
End of Transfusion					
Post Transfusion	10 min				

TRANSFUSION RESPONSE (CHECK ONE):
<input type="checkbox"/> No apparent reaction. Entire Unit Given or _____ mL <input type="checkbox"/> Quarter <input type="checkbox"/> Half <input type="checkbox"/> Three Quarter
<input type="checkbox"/> Reaction suspected. Transfusion stopped. Complete Transfusion Reaction Section. Amount Given: _____ mL
Comments:
I have reviewed this form for completeness:
Transfusion must be started within 30 minutes from the removal of the cooler. Transfusion must be completed within 4 hours of the unit being removed from the cooler.

BEDSIDE VERIFICATION:
<i>For uncrossmatched blood, we have verified that</i>
<input type="checkbox"/> Expiration Date: _____ <input type="checkbox"/> Inspect for any signs of leakage or damage to the container <input type="checkbox"/> Verify blood type <input type="checkbox"/> Verify RH factor <input type="checkbox"/> Check temperature on data logger <input type="checkbox"/> Informed Consent Obtained <input type="checkbox"/> Emergency-Implied Consent
Paramedic Signature: _____ 2nd Signature: _____

TRANSFUSION REACTION:
Symptoms (Check all that apply): Increase in Temperature of 1°C or 2°F or more from pre-transfusion temperature.
<input type="checkbox"/> Tachypnea/Respiratory Distress <input type="checkbox"/> Hematuria/Oliguria <input type="checkbox"/> Marked Hypotension <input type="checkbox"/> Back Pain <input type="checkbox"/> Tachycardia/Chest Pain <input type="checkbox"/> Significant Hives <input type="checkbox"/> Flushing <input type="checkbox"/> Other: _____ <input type="checkbox"/> Chills

PATIENT TRANSFER:
Patient transferred after Transfusion started: Transferred to (Facility): _____ Paramedic Signature: _____

Copies left with patient; to Blood Bank, and to MCA. (Revised 1/14/26)

PSRO# _____ Review Date: _____

Place Blood Bag Sticker Here

INDICATIONS:

Suspected hemorrhagic shock from trauma or medical cause:

- a. HR > 120 bpm for adults and pediatric patients equal to or greater than 11 years old; HR greater than 140 for patients 2-10 years of age; HR greater than 190 for patients 1 year old or younger
- b. Systolic BP less than 90 for adult patients and pediatric patients equal to or greater than 11 years old; SBP less than 70 plus age in years x2

AND

One or more of the following physiologic criteria indicative of hypoperfusion:

- Altered mental status (not believed to be due to intoxication or head injury)
- Pale, cool, clammy skin; pale mucosa
- Delayed capillary refill (> 2 seconds)
- Tachypnea
- $\text{ETCO}_2 < 25 \text{ mmHg}$

Exclusion Criteria:

- Isolated fall from standing injury mechanism with no active bleeding
- Suspected cervical cord injury with motor deficit and no active bleeding
- Traumatic arrest with > 5 minutes of ongoing CPR and no reversible cause of cardiac arrest (extremity hemorrhage or suspected tension pneumothorax)
- Brain matter exposed or isolated penetrating brain injury (GSW)
- Isolated drowning or hanging victims
- Isolated burns > estimated 20% total body surface area
- Conscious patients, with decision-making capacity, should be evaluated for refusal of blood transfusion, whether for religious, cultural, social, or personal reasons.
- Unconscious or incapacitated patients should be briefly assessed for the presence of medical alert identifiers, power of attorney wallet cards, or other obvious documents indicating patient objection to receiving blood products. Do not delay transfusion for more than 1 minute for this assessment.

IF TRANSFUSION REACTION:

If any of the above symptoms are noted:

1. Stop transfusion immediately. Support patient as needed.
2. Perform clerical check on blood product, transfusion tag, and patient identification, if crossmatched.
3. Keep the IV open with saline.
4. Complete this form accurately and completely, including one hour post-transfusion vital signs if possible. Send to Blood Bank with remaining blood product and tubing in a biohazard bag.

Nothing other than saline should be hung on blood IV lines.