

# AUDIT OF TRANSFUSION POLICY



Study Number.....

Hospital.....

1. Does your hospital have written policies on blood transfusion practice? Yes No

If **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. Is 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 Yes No  
 ii) Check the patient's wristband? Yes No

b) If **YES** does it contain the following for unconscious patients?  
 i) Check the patients wristband for forename and surname Yes No  
 ii) Check the patients wristband for DOB and hospital number Yes No

13. Is there a policy statement that the following should be checked:  
 i) The expiry date on the unit Yes No  
 ii) Discoloration/haemolysis of the unit Yes No

14 a)	Is there a policy statement that pre-transfusion observations should be made?	Yes	No
	If <b>YES</b> does it include: i) Pulse	Yes	No
	ii) Temperature		
	iii) BP	Yes	No
	iv) Respirations	Yes	No
15 b)	Is there a policy statement that post-transfusion observations should be made?	Yes	No
	If <b>YES</b> does it include: i) Pulse	Yes	No
	ii) Temperature	Yes	No
	iii) BP		
	Yes      No		
	iv) Respirations	Yes	No
16	Is there a policy statement that specifies what to do in the event of a transfusion reaction?	Yes	No
	If <b>YES</b> does it include: i) Stop transfusion	Yes	No
	ii) Contact the hospital blood bank	Yes	No
	iii) Seek advice from medical staff	Yes	No
17	Is there a policy statement on the documentation required	Yes	No
18	Within the document is there a policy statement about providing information to patients about transfusion before the blood transfusion?	Yes	No







