### Direct Observation of Transfusion

#### Legacy Laboratory Services

#### Blood Bank Transfusion Services

#### Quality Monitor

**LEGACY HEALTH**

- **Indicates correct/acceptable answer**

#### Error Type:
- O Minor Error
- O Major Error
- O No Error

#### Facility:
- O EH
- O GS
- O MP
- O MH
- O SC
- O SV

#### Patient Care Area:
- [Blank]

#### Transfusionist Full Name:
- [Blank]

#### Observer Name:
- [Blank] O Lab personnel  O Nurse

#### Date/Time of Transfusion Start:
- [Blank]

#### Donor Unit #:
- [Blank]

#### Month of Transfusion:
- [Blank]

#### Blood Product - mark one:
- O - Red Cells
- O - Frozen Plasma
- O - Cryo
- O - Platelets
- O – Other

**If answer is "Stop Transfusion" please ask the transfusionist to step out of the room and explain the issue(s).**

1. **Transfusionist is able to locate Informed Consent for observer:**
   - O Yes*
   - O No

2. **If Yes, where was the Consent found (mark all that apply):**
   - O Electronic Med Record (EMR)
   - O Written Orders
   - O Blood Transfusion Form
   - O Consent Form
   - O Progress Notes
   - O Emergent
   - O Other: [Blank]

3. **Did the transfusionist check the blood product against the physician's written order in patient's medical record immediately prior to the transfusion to check that the correct blood component and special attributes were honored?**
   - O Yes*
   - O No (STOP THE TRANSFUSION)

4. **Did the patient have a wristband?**
   - O Yes*
   - O No (STOP THE TRANSFUSION)

5. **If yes, where was the wristband located?**
   - O Wrist*
   - O Ankles*
   - O Chart, bed, or walls
   - O Other: [Blank]

6. **Did the transfusionist ask the patient to state his/her name immediately prior to the transfusion?**
   - O Yes*
   - O N/A* (Patient unable to state name)
   - O No

7. **Did the transfusionist match the PATIENT'S STATED NAME with the name on the PATIENT'S WRISTBAND for identification prior to transfusion?**
   - O Yes*
   - O N/A* (Followed protocol for Out Patients/Unable to state name)

8. **Did the transfusionist compare the patient's name and identification numbers on the PATIENT'S WRISTBAND with the information on the COMPATIBILITY TAG prior to the transfusion using a double check system with a second staff member verbally?**
   - O Yes*
   - O N/A* (Followed protocol for Out Patients/Unable to state name)
9. Did the transfusionist compare the unit number, expiration date, and blood type from the donor product with the corresponding information on the compatibility tag prior to transfusion using a verbal double check system with a second staff member?  
   - O Yes* by reading both items aloud  
   - O No (STOP THE TRANSFUSION)

10. Did the transfusionist verbally verify the crossmatch interpretation (compatibility)?  
    - O Yes*  
    - O Not Applicable* for type of product being transfused  
    - O No (Educate transfusionist on requirement for verifying compatibility and where to locate compatibility on tag)

11. Did the transfusionist observe any discrepancy in the information on the patient’s wristband, on the blood tag, or on the compatibility tag prior to transfusion?  
    - O No discrepancies found*  
    - O Yes (STOP THE TRANSFUSION)

12. Was the product returned to the lab for reissue?  
    - O No*  
    - O Not Applicable*  
    - O Yes

13. Which vital signs were checked prior to the transfusion? If unable to witness vitals, ask transfusionist what vitals were taken.  
    - O BP*  
    - O Pulse*  
    - O Respiration*  
    - O Temperature*  
    - O No vital signs checked at this time

14. What solution was used to prime the line?  
    - O None*  
    - O Lactated ringer’s solution (STOP THE TRANSFUSION)  
    - O Normal Saline*  
    - O 5% Dextrose in water (STOP THE TRANSFUSION)

15. Was any other medication or other solution infused simultaneously through the patient’s IV tubing in contact with the transfusion blood product?  
    - O Yes (STOP THE TRANSFUSION) What Medication? ____________________________________________

16. Was the patient monitored (bedside staff) during the first 15 minutes of the transfusion?  
    - O Continuously without interruption*  
    - O Periodically  
    - O Continuously for the first several minutes, then frequently  
    - O No monitoring performed at this time

17. Did the compatibility tag remain attached to the blood product until the transfusion was completed?  
    - O Yes*  
    - O No

18. Ask the transfusionist what steps he/she would take if the patient showed signs/symptoms of (choose one of the following: dyspnea, chills, shortness of breath, tachycardia, swelling or bleeding at the IV site, anxiety).  
    - O Provide patient support*  
    - O Stop transfusion*  
    - O Contact physician*  
    - O Contact Blood Bank*  
    - O Order Transfusion Reaction in Epic*  
    - O Other ________________

19. Ask the transfusionist to show documentation of successful completion of annual transfusion training/competency from E+ (CPS. Administration of Blood and Blood Products, LLS. Blood Administration). If time does not allow, ask transfusionist to send a copy showing training and date completed to the blood bank within next 2 hours.  
    - O Training/competency completed within calendar year* Date of Completion: ________________  
    - O Training/competency completed greater than 1 calendar year  
    - O No documentation of training/competency

Please send completed survey to Blood Bank Technical Specialist or MTII.

Major Errors include:  
- Patient Identification errors  
- Answers that include “Stop the Transfusion”  
- Training/Competency not completed within calendar year