

Blood Transfusion Observation Chart

BLOOD TRANSFUSION OBSERVATION CHART

Name of Patient:..... IPNO:..... Ward:

Age: Sex: M F

Diagnosis

Date of transfusion

Type of Blood Transfused:
 Whole Blood Packed Red Cells FFP Platelets Others

Blood Unit Donor Number:

Transfusion Started By:..... Counter Checked by:

Time Transfusion Started:.....

Rate of Transfusion:.....mL/minute

OBSERVATIONS

HOURS OF OBSERVATION	EXACT TIME	BP	TEMP (°C)	PR	RR	REMARKS
Before transfusion						
00 Mins						
15 Mins						
45 Mins						
1hr 15mins						
1hr 45mins						
2hr 15mins						
2hr 45mins						
3hrs 15mins						
3hrs 45mins						
4hrs 15mins						
4 hrs After Blood Transfusion						

Time Transfusion Ended:

Amount Transfused.....mL

SYMPTOMS OR SIGNS OF TRANSFUSION REACTIONS OBSERVED

General: Fever, Chills/Rigors, Flushing, Nausea/ Vomiting

Dermatological: Urticaria, Other skin rash

Cardiac/Respiratory: Chest Pain,Dyspnoea, Hypotension, Tachycardia

Renal: Haemoglobinuria, Oliguria, Anuria

Haematological: Unexplained bleeding

Others

Intervention/Drugs

Given.....

Name of the Nurse/Doctor/AnaesthetistSignature

Date