Blood and Blood Products Audit Tools Definitions

The following definitions and examples apply to the Blood and Blood Products Audit Tools:

1. Crossmatch Report documentation
2. Documentation of adverse reaction, blood prescription and transfusion observations
3. Patient information sheets
4. Blood and blood products transfusion consent
5. Surgical consent form
6. Refusal or limited consent form
7. Advance Health Directive

1. Crossmatch Report

Question 1.2 on the patient audit tool focuses on the completion of entries on the Crossmatch Report in particular the product type, product number, group, two signatures and commenced time and date.
2. Documentation of adverse reaction, blood prescription and transfusion observations

Examples of documents where information can be found for adverse reaction (Q2.1, Q17.1 patient audit tool); blood prescription (Q6.0, Q6.1 patient audit tool); and transfusion observations (Q7.0 to Q18.0 patient audit tool) include a fluid prescription chart, observation record and IV/SC fluid chart.

Example of a document used by Metro South that includes prescription, observations and adverse reactions
**NSQHS Standard 7 Blood and Blood Products – Definitions sheet**

**V3.0 8/12/2014**

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### BLOOD AND BLOOD PRODUCTS PRESCRIPTION FORM

<table>
<thead>
<tr>
<th>Date</th>
<th>Product</th>
<th>Route</th>
<th>Rate</th>
<th>MO</th>
<th>RN</th>
<th>RN2</th>
<th>Date</th>
<th>Time</th>
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**Standing Order:**

- **Packed RBCs:** 3 units
- **Fresh Frozen Plasma:** 2 units
- **Platelets:** 1 unit

### EMERGENCY PRESENTATION NURSING OBSERVATIONS

<table>
<thead>
<tr>
<th>Time</th>
<th>BP</th>
<th>P</th>
<th>PR</th>
<th>Hb</th>
<th>FE</th>
<th>Name</th>
<th>Sign</th>
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### COMPLICATIONS AND ADVERSE REACTIONS

**Complications and Adverse Reactions**

<table>
<thead>
<tr>
<th>Complication</th>
<th>Date</th>
<th>Time</th>
<th>Action</th>
<th>Name &amp; Sign</th>
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**Medical Officer Notified:**

- **Time:** [ ]

**Incident placed on Prime:** [ ]

**If “no” reason why:**

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### COMPLICATIONS AND ADVERSE REACTIONS

<table>
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<tr>
<th>Adverse Reaction</th>
<th>Date</th>
<th>Time</th>
<th>Action</th>
<th>Name &amp; Sign</th>
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</table>

**Medical Officer Notified:**

- **Time:** [ ]

**Incident placed on Prime:** [ ]

**If “no” reason why:**

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The Queensland Health IV and SC Fluid Order form.

Q-ADDS form
Example of an Observation Record – used by The Townsville Hospital
3. Patient information sheets

There are 6 specific patient information sheets the patient can receive on blood and blood products. Question 3.0 & 3.1 on the patient audit tool asks the patient to confirm if they have received a patient information sheet and if so, which ones. In addition, Question 4.2 on the patient audit tool requires documented evidence on the blood and blood product transfusion consent form for 4 of the patient information sheets.

BLOOD AND BLOOD PRODUCTS TRANSFUSION CONSENT – CONSENT INFORMATION

3. Why am I having a blood and/or blood products transfusion?

Your doctor has recommended that you have a transfusion of blood or blood products, which are from volunteer donors. Blood is collected and measured by the Australian Red Cross service.

A transfusion is necessary to replace a part of your blood.

Transfusions are given via a cannula (needle in your vein) or a cannula in the subcutaneous tissue, and transfusions are given via a cannula (needle in your vein) or a cannula in the subcutaneous tissue. You will be closely followed for any reactions. You will also be regularly checked to see whether you need another blood transfusion.

2. What is the risk of having a blood or blood products (Fresh) transfusion?

Most common reactions to the blood or blood products that are being transfused are:

- High temperature
- Rash, itching, and chills
- Feeling a bit weak

Rare risks:

- Allergic reactions giving you stiffness of smooth
- Anaphylaxis, the abnormal breakdown of blood cells
- The development of antibodies which may develop saline transfusions and/or immune or tissue transplants. If these complications develop in women they can potentially cause problems for all current and future unborn babies.
- Long-term causing stiffness of blood
- The removal of a vein or other infectious disease from the blood of the donor.
- Very rare, but these above reactions can cause harm of possible death.

There are specific complications for long-term multiple transfusions that may be relevant to your medical condition. Please discuss these with your doctor.

3. What are the other relevant treatment options that you may have?

In some situations there may be other choices to a blood transfusion and these include – fluid replacement with saline or other artificial substances and/or iron supplements.

Please discuss these options with your doctor as they are not suitable for everybody.

Extra written information is available and may include:

- Blood who needs it? – A consumer brochure (Australian Government - National Health Medical Research Council)

- Blood Transfusion – Questions to ask your doctor (Australian Red Cross Blood Service)

- English and multilingual patient information leaflets are available.
  [http://www.cdc.gov/mytransfusion/]

- Blood Components: A Guide for Patients (National Health Medical Research Council)

- Australian Red Cross Blood Service
  [http://mytransfusion.com.au/]

- All sites provide excellent information, including statistical information.

Notes to talk to my doctor about:

[Blank lines for patient notes]
BLOOD WHO NEEDS IT? A CONSUMER BROCHURE

Checklist for blood component therapy

1. Do you understand why you need blood component therapy?

Blood component therapy is used in many different situations. Your doctor or other health professional should explain why the therapy is needed and how it can be expected to improve your health.

2. Have the possible risks of blood component therapy been explained to you?

As part of the process of informed consent, the possible risks of blood component therapy in your situation should be clearly explained.

3. Have the possible side effects of blood component therapy in your situation been discussed?

In some cases, side effects to blood component therapy may be appropriate treatments. You can discuss this with your doctor or other health professional.

4. Have all your questions been answered?

Remember that you have a right to ask questions and to expect answers that you can understand. It may help to have a family member or friend with you when you are talking to your doctor or other health professional.

BLOOD TRANSFUSION – QUESTIONS TO ASK YOUR DOCTOR

The information is on the following internet website:

Giving consent

Questions to ask your doctor

For any medical procedure there are these key questions that you should discuss with your doctor:

1. What are the treatment options?
2. What are the risks and benefits of each treatment option?
3. What are the chances of these outcomes occurring?

Here are some additional questions that you might want to ask your doctor if you require a blood transfusion:

• What is a blood transfusion?
• What is screening and what are the causes?
• Where and who are the blood banks associated with your transfusion?

Ask any questions you would like to know or don’t understand about blood transfusion.

These same questions can be used if you are asked to give consent for family members.

References


Related topics

Blood transfusion: safe, effective and needed: 2011-2012
Blood transfusion: safe, effective and needed: 2010-2011
Blood transfusion: safe, effective and needed: 2008-2009
Blood transfusion: safe, effective and needed: 2007-2008
BLOOD COMPONENTS: A GUIDE FOR PATIENTS

Blood Components:
A Guide for Patients

February 2002

BLOOD TRANSFUSION – ANSWERS TO SOME COMMON QUESTIONS FOR YOU AND YOUR FAMILY

Giving your consent
You should make sure you understand the health risks and benefits when you are asked to give your consent for a transfusion. If you have any questions it is important that they are answered.

When you have a blood transfusion
When you have a transfusion you will be asked to confirm your identity. This is for your safety, because if the wrong blood is given it might cause serious harm or death.

What can we do to make sure that a safe supply of blood is available?
It is important that healthy Australians donate blood. The Prince Charles Hospital in Brisbane receives the largest single blood donation from each donor.
INFORMATION FOR PATIENTS NEEDING IRRADIATED BLOOD
4. Blood and blood products transfusion consent

Questions 4.1 and 4.2 on the patient audit tool require documented evidence on the blood and blood products transfusion consent form.

**Question 4.1**
If yes to 4.0: Is there evidence that the:
1. blood product/s accepted have been documented on the first page?
2. patients name, signature and date is complete OR Advance Health Directive (AHD) is complete OR substitute name, signature, relationship, date and source is complete?
3. doctor/delegate name, designation, signature and date is complete?

**Question 4.2**
Requires documented evidence on the blood and blood product transfusion consent form for 4 of the patient information sheets.
5. Surgical consent form

Questions 6.2 and 6.3 on the patient audit tool require documented evidence on the informed consent for the surgical procedure.

Example: Aortic Surgery Informed Consent – page 2

Question 6.2
If yes to 6.1: Is there evidence that the:
1. consent includes the patient being aware that the procedure may include a blood transfusion?
2. patient has been given the Blood and Blood Products Transfusion Information Sheet?

Question 6.3
If yes to 6.1: Is there evidence that the:
3. patients name, signature and date is complete OR Advance Health Directive (AHD) is complete OR substitute name, signature, relationship, date and source is complete?
4. doctor/delegate name, designation, signature and date is complete?
6. Refusal or limited consent form

Some facilities may have a refusal form for patients who decline ALL transfusion or specified blood or blood products. Questions 7.2 and 8.2 in the patient audit tool require documented evidence on the refusal form, if the facility uses one.

Example of a refusal form – used by the Princess Alexandra Hospital

Question 7.2 (Declined ALL)

If yes to refusal form: Is there evidence that the:
1. patients/substitutes name, signature and date is complete?
2. doctor/delegate name, designation, signature and date is complete?

Question 8.2 (Declined Specified Blood or Blood Products)

If yes to refusal form: Is there evidence that the:
3. blood product/s accepted have been documented on the form?
4. patients/substitutes name, signature and date is complete?
5. doctor/delegate name, designation, signature and date is complete?
7. Advance Health Directive (AHD)

Where there is evidence that the patient has provided their wishes for blood and blood products on an AHD, Question 5.0 requires the AHD to be sighted, as well as checking the HBCIS record.

Further information can be found at:

- Queensland Health staff can access information on the Queensland Blood Management Program via the Queensland Health intranet.
- BloodSafe eLearning Australia: [https://www.bloodsafelearning.org.au/](https://www.bloodsafelearning.org.au/)

ADVANCE HEALTH DIRECTIVE

This form helps you plan your future health care.

The time may come when you cannot speak for yourself. By completing this form, you can give directions about your medical treatment in such a time.

This document can be used by non-English speakers if a qualified interpreter/translator meets it in the person to the patient's own language and a signed statement of interpreter/translator is attached.

Blank statements are available from GP Nurse office, W/ Patient Statement and use interpreters throughout Queensland.
We recognise and appreciate that there may be gaps in the scope and questions included in these tools, however, as this is a 'Work in Progress', future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

The Patient Safety and Quality Improvement Service, Clinical Excellence Division, welcomes feedback on the audit tools and the measurement plans, to ensure the tools meet the needs of Hospital and Health Services. We appreciate any feedback you can provide for the next version.

Please email Patient Safety and Quality Improvement Service on PSQIS_Comms@health.qld.gov.au for feedback or comments.

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