

NSQHS Standard 7 Blood and Blood Products

Patient audit tool



Hospital and Health Service:	Facility:	Audit Date/Period:
Ward/Unit:	Patient Medical Record Number (MRN):	

Patient audit tool: collects patient level data (on a ward/unit), use one audit tool for each patient audited

- Notes:
- Each facility needs to determine those audit questions that are applicable to their facility / health service circumstances for review
 - Some questions and responses may not be applicable (eg. at a ward/unit level) and can be adapted to suit individual requirements
 - The measurement plan details each audit question and the action/criteria it aligns to in the standard

Documentation Audit and Patient Questions		Response
Blood or blood product transfusion in the current admission		
1.0	Has the patient received a blood or blood product transfusion in the current admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.1	If yes: What was the documented indication for the transfusion?	<input type="checkbox"/> Hb <input type="checkbox"/> Clinical indication <input type="checkbox"/> Hb & clinical indication <input type="checkbox"/> No indication
1.2	If yes to 1.0: Is there evidence of a Crossmatch Report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3	If yes to 1.2: Is there documented evidence that the:	
	• product type is complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• product number is complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• group is complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• patient/product/label checks have been undertaken and signed by TWO clinical staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• commenced time and date is complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.0	If yes to 1.0 (i.e.: patient has received a blood or blood product transfusion in the current admission): <i>Ask the patient 'Have you had a previous reaction to a blood transfusion?'</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Documentation Audit and Patient Questions		Response
2.1	If yes to 2.0: Is there documented evidence of the patient's previous adverse reaction to a blood or blood product transfusion? (Note: can be found on the fluid prescription chart or observation record)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.0	If yes to 1.0 (i.e.: patient has received a blood or blood product transfusion in the current admission): <i>Ask the patient</i> 'Have you received a patient information sheet/s on blood transfusions or blood components?'	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.1	If yes to 3.0: Which one/s? <ul style="list-style-type: none"> Blood and blood products transfusion consent Blood who needs it? A consumer brochure Blood transfusion - questions to ask your doctor Blood components: a guide for patients Blood transfusion - answers to some common questions for you and your family Information for patients needing irradiated blood Other (specify) _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3.2	If yes to 3.0: Did you feel the information provided was clear and you were able to understand it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood and blood products transfusion consent		
4.0	If yes to 1.0 (i.e.: patient has received a blood or blood product transfusion in the current admission): Is there evidence of a Blood and Blood Products Transfusion Consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1	If yes to 4.0: Is there documented evidence that the: <ul style="list-style-type: none"> blood product/s accepted have been documented on the first page? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> patient's name, signature and date are complete OR Advance Health Directive (AHD) is complete OR substitute name, signature, relationship, date and source are complete? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> doctor's/delegate's name, designation, signature and date are complete? <p>If there is an AHD, complete Question 5.0</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	If the patient received any of the following four information sheets as per Q3.1 ie: <ul style="list-style-type: none"> Blood and blood products transfusion consent Blood who needs it? A consumer brochure Blood transfusion - questions to ask your doctor Blood components: a guide for patients. Is there documented evidence on the Blood and Blood Products Transfusion Consent that they were given to the patient? (Note: they were all check boxed on page 2 of the consent form)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advance Health Directive (AHD)		
5.0	If there is an AHD: <ul style="list-style-type: none"> Has this been sighted? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<ul style="list-style-type: none"> Is there an ALERT flag displayed in the patient's HBCIS record? (ie: 'ALERT' in red letters flashes in the top left hand side of the patient's HBCIS record) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Documentation Audit and Patient Questions		Response
Blood Prescription Order		
6.0	Is there evidence of a blood prescription order? (Note: can be found on the fluid prescription chart or IV & SC fluid order form)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.1	If yes: Is there documented evidence (on blood prescription order or progress notes) that the following were completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Date for transfusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Type of blood product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Volume/quantity/number to be given?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Special requirements listed? If yes to special requirements listed: what were they?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Frusemide <input type="checkbox"/> Irradiated <input type="checkbox"/> CMV requirement <input type="checkbox"/> Warmer <input type="checkbox"/> Premeds <input type="checkbox"/> N/A
	• Rate of transfusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Doctor's signature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Doctor's printed name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Fluid order form signed and name printed by TWO nurses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transfusion (Note: can be found on the fluid prescription chart, progress notes or observation record)		
7.0	Is there documented evidence that the patient's Full name, DOB and MRN was confirmed against the transfusion department report and patient's arm band?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.0	Is there documented evidence that the product type was checked against the fluid order, transfusion department report and compatibility label?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.0	Is there documented evidence that the product bag is intact, no signs of deterioration, contamination, clots or discolouration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.0	Is there documented evidence of confirmation the blood product will not expire before transfusion is complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.0	Is there documented evidence that the following were completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Transfusion start time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Transfusion stop time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Volume infused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Non-urgent blood been given out of hours (20:00 to 07:00)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.0	Is there documented evidence of baseline observations completed prior to transfusion? (i.e. within 60 mins of commencement of transfusion)	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.1	If yes: Is there documented evidence that the following vitals were completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Pulse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Temperature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Respirations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Blood Pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Documentation Audit and Patient Questions		Response
	• Oxygen saturation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13.0	Is there documented evidence that commencement observations were completed? (i.e. within 15 mins of commencement of transfusion)	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.1	If yes: Is there documented evidence that the following vitals were completed?	
	• Pulse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Temperature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Respirations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Blood Pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Oxygen saturation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14.0	Is there documented evidence that hourly observations during transfusion were completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14.1	If yes: Is there documented evidence that the following vitals were completed?	
	• Pulse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Temperature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Respirations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Blood Pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Oxygen saturation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15.0	Is there documented evidence that observations were completed post transfusion? (i.e. within 2 hrs of completion of transfusion)	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.1	If yes: Is there documented evidence that the following vitals were completed?	
	• Pulse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Temperature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Respirations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Blood Pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Oxygen saturation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16.0	Was the blood infused within four (4) hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.1	If no, please state why.	
17.0	Is there documented evidence that the patient has an adverse reaction to the blood transfusion? (e.g. Symptoms include: fever >1° C above baseline, rigors, chest or abdominal pain, hypotension tachycardia, rash/itching)	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.1	If yes: Is there documented evidence the medical officer was notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.2	If yes to 17.0: Is there documented evidence the adverse reaction was recorded in the facility incident management system (e.g. PRIME)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.0	Is there documented evidence of the transfusion outcome in the chart?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surgical procedure in the current admission		
19.0	Has the patient undergone a surgical procedure in the current admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.1	If yes: Is there evidence of an informed consent form for the surgical procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Documentation Audit and Patient Questions		Response
19.2	If yes to 19.1: Is there documented evidence that the: <ul style="list-style-type: none"> consent includes the patient being aware that the procedure may include a blood transfusion? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> patient has been given the Blood and Blood Products Transfusion Information Sheet? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.3	If yes to 19.1: Is there documented evidence that the: <ul style="list-style-type: none"> patient's name, signature and date are complete OR Advance Health Directive (AHD) is complete OR substitute name, signature, relationship, date and source are complete? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> doctor's/delegate's name, designation, signature and date are complete? If there is an AHD, complete Question 5.0 If it is <u>applicable</u> that a Blood and Blood Products Transfusion Consent is required, complete Questions 4.0, 4.1 & 4.2	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Declined a blood or blood product transfusion in the current admission</i>		
20.0	Has the patient declined a blood or blood product transfusion in the current admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.1	If yes: Is there evidence of a refusal form (if facility has one) AND/OR an Advance Health Directive (AHD)? If there is an AHD, complete Question 5.0	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
20.2	If yes to refusal form: Is there documented evidence that the: <ul style="list-style-type: none"> patient's/substitute's name, signature and date are complete? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> doctor's/delegate's name, designation, signature and date are complete? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Declined specified blood or blood product transfusion in the current admission</i>		
21.0	Has the patient declined specified blood or blood products to be transfused in the current admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.1	If yes to 21.0: Is there evidence of a refusal form (if facility has one)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
21.2	If yes to refusal form: Is there documented evidence that the: <ul style="list-style-type: none"> blood product/s accepted have been documented on the form? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> patient's/substitute's name, signature and date are complete? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> doctor's/delegate's name, designation, signature and date are complete? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.3	Complete Questions 4.0, 4.1 & 4.2 - Blood and Blood Products Transfusion Consent as this IS required . Complete Question 5.0 if there is an AHD.	

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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