CAYUGA MEDICAL CENTER BLOOD TRANSFUSION CARD

[redacted]
Acc: [redacted]
Unit#:M000397877
Spec ID#: 0911:SS000004U
Patient Blood Type:[A Pos]
Donor Blood Type: [A Pos]
Donor Unit#:W203016203582
Component: RBC LR IRR
Lots:

Doctor:Timothy Basl MD
Location:ICU Room/Bed:ICU08-01
Date of Birth:08/03/1959 Age/Sex:[redacted]

Antibody Screen: NEGATIVE
Antibody ID:
Compatible:Y 09/11/16 1519 (MIC0225)
Expiration Date: 09/29/16 2359

Laboratory:
BLOOD TRANSFUSION ORDER RECEIVED? ☒ YES ☐ NO
Issue Record
Issue Date __/__/__ Issued Time: __:__ Issued to Patient Location _____ O.R. / Dialysis, on ice? _____
We verify that the unit is intact and has a normal appearance. The unit is not outdated.
Signatures: Tech: _____ Courier: _____
*****PLEASE DO NOT REMOVE THIS TAG UNTIL THE TRANSFUSION IS COMPLETE*****

Transfusion Staff: Transfusion Checklist
All items below are to be verified by two Practitioners and initials placed in appropriate box.

[illegible]	[illegible]	Physician Order Verified	[illegible]	[illegible]	Informed Consent had been obtained

Below information must be verified at Patient Bedside

[illegible]	[illegible]	Patient Name, DOB on bracelet agrees with those on tag.	[illegible]	[illegible]	Unit type and Rh donor # on this form are the same as on container.
[illegible]	[illegible]	Unit is not outdated.	[illegible]	[illegible]	Date Started 9/11/16 Time Started 1550

I have carefully completed the checklist, APPLIED GLOVES, and started the transfusions.
Signature: [illegible] Started By: [illegible]

START T [illegible] BP [illegible] P [illegible] R [illegible] Initial Blood Warmer Temp. _____ ☐ See Anesthesia Record
15 MIN T [illegible] BP [illegible] P [illegible] R [illegible] ENDING: T [illegible] BP [illegible] P [illegible] R [illegible]

Adverse Reaction: ☐ Yes ☒ No	If reaction, fill out form #13008 Report of Suspected Transfusion Reaction
Date Ended: 9/11/16	Time Ended: 1815
Amount Infused: 330 ml	Ended By: [illegible]

Describe: _____
UNITS MUST BE TRANSFUSED WITHIN 4 HOURS FROM THE ISSUE TIME
Units NOT Transfused MUST BE RETURNED to the Blood Bank within 30 minutes.

Laboratory:
Returned Date: _____ Returned Time: _____ Returned by Signature: _____
I verify that this unit has been inspected and is acceptable. TECH SIGNATURE: _____

OR/DIALYSIS: Temperature Indicator: Acceptable ____ Not Acceptable ____ Initials ____

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Daniel Sudilovsky, M.D. Director of Laboratories
WHITE COPY - Blood Bank Only YELLOW - Return to Blood Bank PINK - Chart Copy

17054 (11/17/15)

17054