**Please ensure you read all audit instructions, understand the definition of double independent checking and the requirements of the pretransfusion check prior to auditing. It may be useful to print Part B instructions to take to the bedside for reference.**

**Patient Demographics**

|  |  |
| --- | --- |
| **Action** | **Response**  |
| Audit number |  |
| Year of birth |  |
| Sex | Male Female Other |
| Clinical specialty | Medical Surgical Haematology/oncology Other |
| Blood component type | RBC FFP Platelets Cryoprecipitate |
| Is an EMR used in the patient identification process? | Yes No |
| Is the patient wearing an ID band? | Yes No |
| Is the patient conscious and competent? | Yes No |
| Was the pretransfusion check commenced at the bedside? | Yes No |

 **Independent patient identification check**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Person 1** | **Person 2** | **Check conducted** |
| Patient asked to **state their full name**? | YesNo | YesNo | * Independently checked
* shared checking
* no check
 |
| Patient asked to **spell their full name**? | YesNo | YesNo | * Independently checked
* shared checking
* no check
 |
| Patient asked to **state their date of birth**?(did each staff member ask) | YesNo | YesNo | * Independently checked
* shared checking
* no check
 |
| **Patient’s ID checked against the ID band**? | YesNo | YesNo | * Independently checked
* shared checking
* no check
 |
| **Patient’s ID checked on the compatibility label** attached to the blood component? | YesNo | YesNo | * Independently checked
* shared checking
* no check
 |
| **Patient’s ID checked on the  prescription** (prescription form or EMR with the prescription open)? | YesNo | YesNo | * Independently checked
* shared checking
* no check
 |

**Independent ABO and RhD group check**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Person 1** | **Person 2** | **Check conducted** |
| Blood group on the blood component checked for compatibility with the blood group of the patient?  | YesNo | YesNo | * Independently checked
* shared checking
* no check
 |
| If blood group of the component and patient are not identical, was a check made for a specific comment to indicate that it is compatible  | YesNon/a | YesNon/a | * Independently checked
* shared checking
* no check
* n/a
 |

**Blood group discrepancy**

|  |  |
| --- | --- |
| **Action** | **Response** |
| If there was a discrepancy between the patient blood group and the component blood group and there was no comment regarding compatibility, what action(s) did the staff take? (Multiple responses permitted) | * Not applicable
* Discussed by checking staff - both aware the component was compatible
* Check stopped
* Clarified by transfusion laboratory
* Discussed with medical staff
* Discussed with nurse in charge
* Continued check with no discussion or acknowledgement of discrepancy
 |

**Independent component details check**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Person 1** | **Person 2** | **Check conducted** |
| **Donation number** on the compatibility label checked = the donation number on the blood component label from Lifeblood? | YesNo | YesNo | * Independently checked
* shared checking
* no check
 |
| Blood component checked for compliance with any **special requirements** (e.g. irradiated or CMV seronegative) on the prescription? | YesNon/a | YesNon/a | * Independently checked
* shared checking
* no check
* n/a
 |
| **Crossmatch expiry date** checked and the crossmatch confirmed as still valid? **(RBC only)** | YesNon/a | YesNon/a | * Independently checked
* shared checking
* no check
* n/a
 |
| **Component expiry date**and time checked and confirmed as still valid?  | YesNon/a | YesNon/a | * Independently checked
* shared checking
* no check
 |
| **Integrity** of the component checked?(e.g.no clots, leaks, visible discolouration) | YesNo | YesNo | * Independently checked
* shared checking
* no check
 |

**Other safety considerations**

|  |  |
| --- | --- |
| **Action** | **Response** |
| Did a staff member attempt to spike the blood component prior to the completion of the checks? | Yes No |
| Were staff members interrupted during the process? | Yes No |
| Was the pretransfusion check stopped by the staff member/s due to discrepancies with patient identification details and those on the blood component? | Yes No |
| Was the pretransfusion check stopped by auditor due to failure in process/actions outlined in table 1 in the audit instructions? | Yes No |

**Other comments:**

To receive this document in another format, email Blood Matters Program, <bloodmatters@redcrossblood.org.au>.

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