

## Pre-Hospital Blood Product Transfusion Record

Product Unit Number	Product Type (Circle One)	Transfusion Date & Start Time	Transfusion Complete* (Circle One)	Transfusion Reaction** (Circle One)	Medic/RN Initials
1.	PRBC / Plasma / LTOWB		Yes / Ongoing	Yes / No	
2.	PRBC / Plasma / LTOWB		Yes / Ongoing	Yes / No	
3.	PRBC / Plasma / LTOWB		Yes / Ongoing	Yes / No	
4.	PRBC / Plasma / LTOWB		Yes / Ongoing	Yes / No	
<b>Air Medical/ Ground Agency:</b>		<b>Receiving Facility (Circle One):</b>			
		University Hospital   Brooke Army Med Center   Other: _____			
<b>Aircraft ID / Medic Unit #:</b>		<b>Comments:</b>			

\*If blood product transfusion is on-going at time of patient transfer to hospital, document "Ongoing"

\*\*Document actions taken in 'Comments' section

### Actions to Take for Suspected Transfusion Reaction

- **STOP TRANSFUSION**
- Disconnect tubing from infusion site; flush IV site with normal saline
- Keep IV line open with normal saline
- Re-initiate new transfusion if it is deemed clinically essential
- Document actions taken in comments section

### Patient Identification:

Run/MRN #:

Copy 1: Transporting crew  
Copy 2: Receiving Facility  
Copy 3: Receiving Facility Blood Bank