

Prehospital Blood Product Transfusion Record

Patient Name:	Transporting Agency Run / Case #:	Receiving Facility Medical Record #:
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Product Unit Number (Affix sticker below, or write unit number)	Product Type (Check One)	Transfusion Date & Start Time	Transfusion Complete* (Check One)	Transfusion Reaction** (Check One)	Transporting Medic/RN Initials
1. Affix Sticker Here or Write Unit #	<input type="checkbox"/> PRBC <input type="checkbox"/> Plasma <input type="checkbox"/> LTOWB		<input type="checkbox"/> Yes <input type="checkbox"/> Ongoing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Affix Sticker Here or Write Unit #	<input type="checkbox"/> PRBC <input type="checkbox"/> Plasma <input type="checkbox"/> LTOWB		<input type="checkbox"/> Yes <input type="checkbox"/> Ongoing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Affix Sticker Here or Write Unit #	<input type="checkbox"/> PRBC <input type="checkbox"/> Plasma <input type="checkbox"/> LTOWB		<input type="checkbox"/> Yes <input type="checkbox"/> Ongoing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Affix Sticker Here or Write Unit #	<input type="checkbox"/> PRBC <input type="checkbox"/> Plasma <input type="checkbox"/> LTOWB		<input type="checkbox"/> Yes <input type="checkbox"/> Ongoing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Air Medical/ Ground Agency:		<u>Receiving Facility (Check One):</u> <input type="checkbox"/> University Hospital <input type="checkbox"/> Brooke Army Med Center <input type="checkbox"/> Other: _____	<u>Type of Call (Check One):</u> <input type="checkbox"/> Scene Call <input type="checkbox"/> Interfacility Transfer		
Aircraft ID / Medic Unit #:		Comments:			

*If blood product transfusion is ongoing at time of patient transfer to hospital, document "Ongoing."

**Document actions taken in 'Comments' Section at the time of patient drop-off at receiving hospital.

Actions to take for suspected transfusion reaction:

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

COPY 1 (white): Transporting crew

COPY 2 (yellow): Receiving hospital emergency/trauma team

COPY 3 (pink): Receiving hospital Blood Bank/Transfusion Services

Transporting crew: Please send a copy to MEDCOM: email: MEDCOM@strac.org, text: (210) 417-7016 or FAX: (210) 233-5825