

## 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. <i>Affix Sticker Here or Write Unit #</i>	<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. <i>Affix Sticker Here or Write Unit #</i>	<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. <i>Affix Sticker Here or Write Unit #</i>	<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. <i>Affix Sticker Here or Write Unit #</i>	<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	
<b>Name of Air Medical or Ground Agency:</b>		<b>Receiving Facility (Check One):</b>		<b>Type of Call (Check One):</b>	
		<input type="checkbox"/> University Hospital <input type="checkbox"/> Brooke Army Med Center <input type="checkbox"/> Other: _____		<input type="checkbox"/> Scene Call <input type="checkbox"/> Interfacility Transfer	
<b>Aircraft ID / Medic Unit #:</b>		<b>Comments:</b>			

*\*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.*

**Mandatory Blood Product & Blood Form Tracking:**

- Transporting crew keep **White Copy**; give the yellow and pink copies *AND* the blood bag to the Emergency/Trauma Team.
- Emergency Department keep **Yellow Copy**; give the **Pink Copy** *AND* the blood bag to the Blood Bank/Transfusion Services.

**Blood Bag & Form given to:** \_\_\_\_\_

PRINTED NAME

SIGNATURE

**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 deemed clinically essential
- ✓ Document actions taken in 'Comments' section

**Transporting Crew:** Please send a copy to **MEDCOM** via text image **(210) 417-7016**, or email [MEDCOM@strac.org](mailto:MEDCOM@strac.org), or FAX: (210) 233-5825