



# Transfusion Record

DATE OF TRANSFUSION      /      /       
dd / mm / yyyy

**NOTE: This information is for confidential use only and will not be released to unauthorised persons**

1a. NAME OF PATIENT			1b. PATIENT SURNAME			1c. PATIENT IDENTIFICATION NUMBER		
2a. SPECIES DOG CAT <input type="checkbox"/> <input type="checkbox"/>			2b. BREED			3a. VETERINARY CLINIC NAME		
3b. CLINIC TELEPHONE NUMBER			3c. CLINIC POSTCODE / ZIP			3d. CLINIC COUNTRY		
2c. AGE Yr Mo <input type="checkbox"/> <input type="checkbox"/>		2d. SEX M F N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		2e. WEIGHT kg lb <input type="checkbox"/> <input type="checkbox"/>		4c. PREVIOUS TRANSFUSIONS? Yes No <input type="checkbox"/> <input type="checkbox"/>		
4a. PATIENT BLOOD TYPE			4b. TYPING METHOD (use code on back page) <input type="checkbox"/>			4d. IF YES, DATE OF MOST RECENT TRANSFUSION <u>    </u> / <u>    </u> / <u>    </u> dd / mm / yyyy		
4e. PREVIOUS PREGNANCIES? Yes No <input type="checkbox"/> <input type="checkbox"/>			4f. OTHER RELEVANT HISTORY			5. TRANSFUSION PRODUCT SOURCE (use code on back page) <input type="checkbox"/>		
6a. TRANSFUSION PRODUCT USED PRBC <input type="checkbox"/> Fresh Whole Blood <input type="checkbox"/> FFP <input type="checkbox"/> Frozen Plasma <input type="checkbox"/> Cryosuper <input type="checkbox"/> Cryoprecipitate <input type="checkbox"/>			6b. SIZE Whole Unit <input type="checkbox"/> 1/2 Unit <input type="checkbox"/>			6c. UNIT ID NUMBER		

7. PATIENT'S CURRENT PROBLEMS			8. PATIENT'S CURRENT MEDICATIONS			9. PRE-MEDICATIONS (Drug, Mg, Route )			
7a.			8a.			9a.			
7b.			8b.			9b.			
7c.			8c.			9c.			
7d.			8d.			9d.			
10a. DONOR NAME / ID			10b. DONOR BLOOD TYPE			10c. CROSS-MATCH PERFORMED? Yes No <input type="checkbox"/> <input type="checkbox"/>		10d. COMPATIBLE? Yes No <input type="checkbox"/> <input type="checkbox"/>	
10a. DONOR NAME / ID			10b. DONOR BLOOD TYPE			10c. CROSS-MATCH PERFORMED? Yes No <input type="checkbox"/> <input type="checkbox"/>		10d. COMPATIBLE? Yes No <input type="checkbox"/> <input type="checkbox"/>	
10a. DONOR NAME / ID			10b. DONOR BLOOD TYPE			10c. CROSS-MATCH PERFORMED? Yes No <input type="checkbox"/> <input type="checkbox"/>		10d. COMPATIBLE? Yes No <input type="checkbox"/> <input type="checkbox"/>	

## 11. TRANSFUSION MONITORING

PARAMETER	Pre-tx	0	10 min	20 min	30 min	1 hr	2 hr	3 hr	4 hr	8 hr	12 hr	COMMENTS
Start Time												
Stop Time												
Rate (ml/hr)												
MM/ CRT												
Temp												
Pulse												
Resp Rate												
Blood Pressure												
Vomiting (+ or -)												
Dyspnoea(+ or -)												
Hb												
PCV (%)												
TP												
Platelets												
PT (sec)												
PTT (sec)												
ACT (sec)												
MEDICATIONS												

CLINICIAN NAME (PRINT) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ NURSE/TECH NAME (PRINT) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL ADVICE FOR TRANSFUSIONS**

All transfusions should be completed within 4 hours to ensure that blood products remain uncontaminated.

All patients should be typed and only type-compatible blood products should be used for each patient.

Cross-matching is essential if the patient has ever received any kind of blood product transfusion in the past.

**MONITORING**

Patients should be constantly monitored during the first 30 minutes of a transfusion, and regularly monitored for the duration of the transfusion.

Common signs of a transfusion reaction include restlessness, vomiting, tachypnoea, tachycardia and hypotension. If any reaction is seen, the transfusion should be stopped and the patient should be treated appropriately in accordance with standard medical therapy.

**RED CELL TRANSFUSION VOLUMES**

For red cell transfusions, the following equation will be helpful in calculating the required volume:

$$ML\ NEEDED = \frac{TARGET\ PCV - RECIPIENT\ PCV}{DONOR\ PCV} \times KG \times n$$

where KG = Recipient Body Wt in Kg  
 and n = 90 for dogs  
 or n = 60 for cats

This equation serves as a starting point only. The need for further transfusions should be based upon clinical response and post-transfusion laboratory values.

CODES FOR TYPING METHOD:	CODES FOR TRANSFUSION PRODUCT SOURCE:
ALVEDIA QUICK TEST 1	PET BLOOD BANK UK 1
RAPID-H CARDS 2	UNIVERSITY BLOOD BANK 2
COMMERCIAL LAB 3	IN-HOUSE DONOR 3
OTHER 4	