



Blood Transfusion Monitoring Form

Please keep in patient's folder/clinical notes

Health Facility _____

Surname: _____ First Name: _____

DOB/Age: _____ Sex: _____ Ward: _____

Hospital Number: _____ Patient Blood Group: _____

Blood Component Transfused

Whole Blood Packed Cells FFP Cryoprecipitate Platelet Conc.

Blood Unit # _____ Expiry Date: _____ ABO/Rh Group: _____

Time STARTED: _____ Time COMPLETED: _____

Vital Signs

	Pulse	Resp Rate	BP	Temp
PRE	bpm	cpm	mmHg	°C
15 mins	bpm	cpm		
30 mins	bpm	cpm		
1 hour	bpm	cpm		
2 hours	bpm	cpm		
3 hours	bpm	cpm		
4 hours	bpm	cpm		
POST	bpm	cpm	mmHg	°C

Was the entire unit transfused uneventfully? Yes No

If **No**, tick reasons for discontinuing transfusion:

Challenges with venous access Patient reacted to transfusion

Other _____

Name _____ Signature _____ Date _____