

## Blood and Blood Component Request Form Down Time-UHE

Blood/Blood Component Release Form  Patient Name:  Medical Record Number:  Date/Time:
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Patient Check <u>Circle Y or N</u>	Product/# of Components
Consent Present <b>Y or N</b>	RBC/_____
Green armband checked <b>Y or N</b>	FFP/_____
Vitals OK to transfuse <b>Y or N</b>	PLT/_____
Current Active Order <b>Y or N</b>	Cryo/_____
	Other/_____

### Instructions for Completing Blood and Blood Component Release Form

**1. Purpose of Document**

1.1 To describe how to request blood components for the floors when an IHIS Transfusion Release Form is not available.

**2. Process**

2.1 Nursing staff or qualified personnel will determine what blood components are needed for transfusion. All blood component orders must be placed in IHIS prior to requesting components from transfusion service.

2.2 Staff member that is trained in blood component retrieval (CBL) will complete Blood and Blood Component Release Form-Down Time-UHE.

- Blood/Blood Component Release Form Section: Complete the required information or a patient identification sticker can be placed on the form
- Date and Time: Current date and time
- Patient Check: Complete the patient checks by confirming information requested then circling the appropriate Yes or No answer.
- Product /Number of Components: Enter the number of components requested next to the product type on form.