

**RECIPIENT DETAILS**

Name: \_\_\_\_\_  
 Signalment: \_\_\_\_\_  
 Case no: \_\_\_\_\_  
 Blood type: \_\_\_\_\_  
 PCV/TS: \_\_\_\_\_ Serum/plasma colour: \_\_\_\_\_  
 Body weight: \_\_\_\_\_  
 Previous transfusions: \_\_\_\_\_  
 Reason for transfusion: \_\_\_\_\_  
 Clinician: \_\_\_\_\_ Signature: \_\_\_\_\_

**PRODUCT DETAILS**

Blood product ID: \_\_\_\_\_  
 Date of collection: \_\_\_\_\_  
 Expiry date: \_\_\_\_\_  
 Blood type: \_\_\_\_\_  
 PCV/TS: \_\_\_\_\_ Serum/plasma colour: \_\_\_\_\_  
 Unit volume: \_\_\_\_\_

(Please circle)	PRBC Canine Feline	FFP Canine Feline	FWB Canine Feline	Other (specify): Canine Feline
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Administration plan (volume & rate): \_\_\_\_\_  
 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Cross-matched?	Compatible Incompatible Not evaluated	Method of admin:	Gravity Syringe driver Fluid pump
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Correct patient (initialled by 2): \_\_\_\_\_ Correct unit (initialled by 2): \_\_\_\_\_ IV catheter checked: \_\_\_\_\_  
 Start time: \_\_\_\_\_ Date: \_\_\_\_\_ Person starting transfusion: \_\_\_\_\_

	Time	Infusion rate ml/hr	Resp. rate	Pulse rate	MM Colour & CRT	Temp °C	Mentation	S/D/M blood pressure	Serum/plasma/urine colour	Angiodema /Erythema/ Pruritis (Y/N)	Vomit or diarrhea (Y/N)	Other concerns
Pre-transfusion												
5 mins												
15 mins.												
30 mins.												
60 mins.												
2 hours												
3 hours												
4 hours												
15 mins post transfusion												
1 hour post transfusion												
24 hour post transfusion												

Finish time: \_\_\_\_\_ Volume infused: \_\_\_\_\_ Post-transfusion PCV & time: \_\_\_\_\_

Comments: \_\_\_\_\_  
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