National Blood Service, Ghana

Blood Transfusion Request Form

Request Form Checked? ☐ Yes ☐ No

*Fields marked with * are Mandatory*

Patient Log No.:

***Hospital:**

***Date** *(mm/dd/yy)* | ***Time** *(hh/mm)* ☐ am ☐ pm

***Surname** | ***First Name**

Date of Birth(mm/dd/yy)* **Age** **Gender** ☐ M ☐ F

***Hosp. No.** | **NHIS No.**

***Ward** | ***Clinician**

Previous Pregnancy? ☐ Yes ☐ No

Previous Transfusion? ☐ Yes ☐ No | **Any Prev Transfusion Rxn** ☐ Yes ☐ N0

Blood Group | **Hb/Hct**

***Clinical Details,** platelet count if required
(reason for transfusion)

Sample taken by | ***Date** | ***Time**

***Requested by** | **Signature**

Component Types (tick and specify number) ☐ _____Whole Blood ☐ _____CRC

☐ _____FFP ☐ _____ Cryo ☐ _____Platelets ☐ _____CMV Neg

☐ _____ leucocyte depleted Other (state type and quantity)_____

***Date Required**

Time Required (state or tick) ☐ Immediately, uncross-matched

☐ Urgently, within 1 hour ☐ Reserve for 48 hours

Labels on samples must be hand written with Surname, First Name, Date of Birth, Age, Date of request, Hospital & Ward.
Non complaint samples will be discarded. Failure to complete the request may result in a delay.

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Indications for Transfusion:
Blood and its components are a limited scarce national resource. The prescriber should be confident that the benefits outweighs any risks. Please consider the following guidelines when requesting blood and components. Complete the transfusion record form after transfusion and return to the blood bank laboratory within 24hours. If an adverse reaction occurs during the transfusion, please inform the clinician in-charge. Adverse reactions and all other transfusion incidents should be reported in patient's notes and a request for investigation of transfusion reaction made to the blood bank using the request for investigation of transfusion reaction form. For further advice, contact the on-call clinician.

If the blood component is not used, it must be returned to the Blood Bank immediately.

INDICATIONS FOR USE OF BLOOD PRODUCTS; IN THE PRESENCE OF BLEEDING

FRESH FROZEN PLASMA (FFP)

- INR >1.5 and/or APTT Ratio >1.5 in multiple factor deficiencies e.g. DIC, liver failure, massive blood transfusion.
- Only use for correction of excessive anticoagulation if major bleeding. Use prothrombin complex concentrate 50U/kg as first choice or FFP. (Remember to use Vitamin K)

Recommended dosage for children; 15ml-20ml/kg (1 unit = 200-340ml) and repeat as necessary

PLATELETS

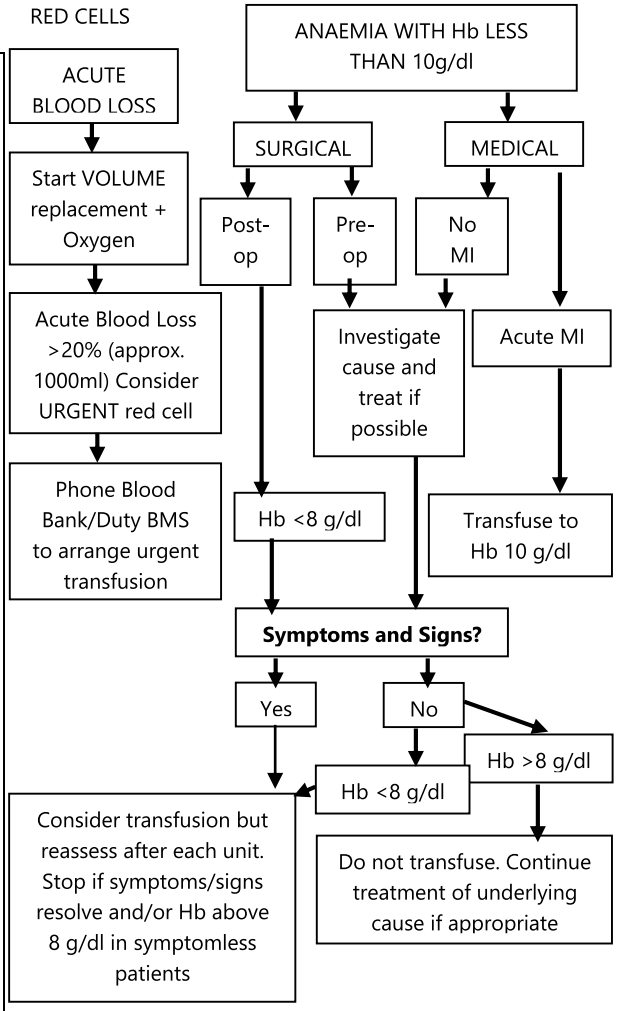
- Platelet count <50 x 10^9/l in patients with active bleeding prior to surgery or massive blood loss.
- Platelet count <100 x 10^9/l for cover or eye, neurosurgery or significant trauma.

Recommended dosage: one adult dose and repeat as necessary

CRYOPRECIPITATE

- May be indicated if fibrinogen less than 1g/l in association with bleeding in presence of DIC.
- Factor VIII deficiency

Recommended dosage: 2 units



THINK BEFORE TRANSFUSING. REASSESS AFTER EACH UNIT OF BLOOD. DO YOU NEED TO GIVE MORE?

LABORATORY USE ONLY

Patient Control Group										
Anti A	Anti B	Anti A,B	Anti D	A Cells	B Cells	O Cells	Auto	ABO	Rh	Sign

Antibody Screening				DAT		
	IS	AHG	Cont.	Test	Cont.	Sign
Scr I						
Scr II						

Patient Screen Group						
Anti A	Anti B	Anti A,B	Anti D	ABO	Rh	Sign

		Donor Group						Cross-match										
Donation Number	Expiry Date	Anti A	Anti B	Anti A,B	Anti D	ABO	Rh-D	Patient Group	IS	Sal (37)	AHG	Cont.	Results	Physical inspection of unit. Label and form checked (Tick)	Date Issued	Time Issued	Issued By	Received By (Tel. No.)
														☐				
														☐				
														☐				
														☐				
														☐				
														☐				

Date						
Time	set-up	read	set-up	read	set-up	read
Sign						

Transfusion History Checked ☐ Yes ☐ No	
Date	
Time	
Sign	

Key:
Scr – Screening cell
IS – Immediate Spin
Sal – Saline

Grading:
4+ (large clumps with clear serum)
3+ (small clumps with clear serum)
2+ (smaller clumps with reddish serum)
1+ (minute clumps with reddish serum)
0 (no observable clumps)

Notes/Comments: