

Bedside transfusion check and reaction record

Form | HOS-FRM-007

Document type	Form
Title	Bedside transfusion check and reaction record
Document ID	{{facility.code}}-HOS-FRM-007
Version and status	1.0 Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	System S1 (Hospital), criterion S1.8
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

Records the two-person identity check at the bedside, the monitoring and any reaction.

1. How to complete

- Two staff check the identity together at the bedside and sign.
- Record the vital signs at the set times.
- Record any reaction and the action taken.

2. Items to check

#	Item	Standard or evidence	Yes	No	N/A	Action if No
1	Two-person identity check signed	Yes	☐	☐	☐	Action and who to tell
2	Start time recorded	Yes	☐	☐	☐	Action and who to tell
3	Vital signs at set times	Yes	☐	☐	☐	Action and who to tell
4	Reaction recorded and reported (or none)	Yes	☐	☐	☐	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-009	WHO guidance on the clinical use of blood.
E-006	ASF Policy Framework v1.2. Adapted.

ID	Source and status
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval