

**JIPMER HOSPITAL, PUDUCHERRY
DEPARTMENT OF TRANSFUSION MEDICINE**

Check list to prevent mismatched transfusion

Patient Name: _____ Hosp. No: _____ Blood group : _____
Age: _____ Sex : M / F _____ Blood bag No: _____

<input type="checkbox"/> I have verified that the patient's identify matches with the details on the blood bag issued.	<input type="checkbox"/> I have verified patient's identity and details on the blood bag.
<input type="checkbox"/> I am signing this form <u>at the patient's bedside</u> BEFORE the doctor has started the transfusion.	<input type="checkbox"/> I have ensured that the nursing staff cross verifies details and signs this form BEFORE I start transfusion.
Name of the nursing staff:	Name of the doctor:
Signature:	Signature:
Date & Time:	Date & Time:

Tick the check boxes or write "NO" as applicable

Note:

1. Blood transfusion should not be carried out before signing this check list*
2. This check list has to be signed by two personnel
 - a. The nursing staff responsible for the patient's care (ward staff/circulating nurse in operation theatre) at the time of transfusion.
 - b. The doctor who is administering the blood product
3. This check list should be kept safely in the possession of the nursing staff responsible for the patient's care. It should be handed over to the sister in charge of the ward/OT in which the patient's transfusion was initiated at the earliest.

*** if under some exceptional circumstance this check list was not filled out/signed BEFORE transfusion, please mention those circumstances below.**