



Government of Nepal  
Ministry of Health and Population

# Bheri Hospital

Nepalgunj, Banke  
☎ 081-520120 | ER- 081-520193



## Blood Transfusion Report

Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

|   |   |  |
|---|---|--|
| Name:                                   | Hospital No.  |  |
|   | Inpatient No.   |  |
| Age:                                    | Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other | Ward: <span style="float: right;">Bed No.</span> |
| Provisional Diagnosis /Clinical Summary | Department:   |  |
|   | Attending consultant  |  |

### Blood Product details

|                                   |                  |
|-----------------------------------|------------------|
| ABO and Rh group:                 | Collection Date: |
| Blood Bag No:                     | Expiry date:     |
| Quantity:                         | Issued date:     |
| Cross match date:                 | Blood Product:   |
| Checked by: (Name and signature)  |                  |
| Verified by: (Name and signature) |                  |

### Patient's Vitals

#### Pre Transfusion

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_

|                  |
|------------------|
| Blood Pressure   |
| Pulse            |
| Spo2             |
| Respiration Rate |
| Temperature      |

#### Post Transfusion

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_

|                  |
|------------------|
| Blood Pressure   |
| Pulse            |
| Spo2             |
| Respiration Rate |
| Temperature      |

Any untoward events during transfusion: \_\_\_\_\_

If yes ( Intervention done) \_\_\_\_\_

## Vitals monitoring during transfusion

| Parameter        | Time                  |                       |                       |                       |                       |                       |                       |                       |
|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                  |                       |                       |                       |                       |                       |                       |                       |                       |
| Blood Pressure   |                       |                       |                       |                       |                       |                       |                       |                       |
| Pulse            |                       |                       |                       |                       |                       |                       |                       |                       |
| Respiration Rate |                       |                       |                       |                       |                       |                       |                       |                       |
| Temperature      |                       |                       |                       |                       |                       |                       |                       |                       |
| Spo2             |                       |                       |                       |                       |                       |                       |                       |                       |
| Any medication   |                       |                       |                       |                       |                       |                       |                       |                       |
| Assessed by:     | Name :<br>Signature : | Name :<br>Signature : | Name :<br>Signature : | Name :<br>Signature : | Name :<br>Signature : | Name :<br>Signature : | Name :<br>Signature : | Name :<br>Signature : |

**Note:** If reaction is suspected, immediately stop the transfusion and contact the Consulting doctor/Blood Bank.