

Affix label or write patient details	
Forename: Surname: Gender: Date of birth: CHI:	<input type="checkbox"/> Tick here if using this form for major haemorrhage If patient able to consent, use NTR main form If patient unable to consent, use this NTR short form and ensure; 1. Check for advance directive (refusal of transfusion) 2. Retrospective discussion with patient once capacity regained and document in health care record. <input type="checkbox"/> Tick here if using this form for a regularly transfused patient, or if further components are required during single admission/episode: ensure NTR main form, incorporating documentation of informed consent, is in place and remains valid.
Patient body weight:	

Authorisation Pause and check → consent TACO risk clinical condition	
If requirement to renew consent, use a new NTR Main Form	
Have TACO risk factors been identified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Scan QR code and document in clinical notes
Identified TACO risk factors:	
Blood component:	<div style="border: 1px solid #ccc; padding: 10px; background-color: #f9f9f9;"> Consider single unit transfusion for all non-bleeding patients </div>
Unit or mls:	
Duration:	
Date:	
Please state any special requirements or instructions below (inform patient of rationale):	
Authoriser's name (print):	Authoriser's signature:

Safety checklist – must be completed by staff administering the blood component			
Bedside verbal ID check and ensure matches patient ID band	Yes <input type="checkbox"/>	Patient unable to verbalise	<input type="checkbox"/>
Does the name, date of birth and patient ID number on patient's ID band MATCH EXACTLY with the details on blood component tag?	Yes <input type="checkbox"/>	If not, DO NOT TRANSFUSE, call the laboratory	
Inspect the bag	Details match blood component tag <input type="checkbox"/>	Expiry date <input type="checkbox"/>	Condition <input type="checkbox"/>
Complete blue traceability tag once transfusion commenced and send to laboratory	Yes <input type="checkbox"/>		

Authorisation Pause and check → consent TACO risk clinical condition	
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Does the name, date of birth and patient ID number on patient's ID band MATCH EXACTLY with the details on blood component tag?	Yes <input type="checkbox"/>	If not, DO NOT TRANSFUSE, call the laboratory	
Inspect the bag	Details match blood component tag <input type="checkbox"/>	Expiry date <input type="checkbox"/>	Condition <input type="checkbox"/>
Complete blue traceability tag once transfusion commenced and send to laboratory	Yes <input type="checkbox"/>		

National Transfusion Record - Short Form

AFFIX LABEL OR WRITE PATIENT DETAILS

Forename:

Surname:

Gender:

Date of birth:

CHI:



Scan the QR code for dosage guidance and further transfusion information

<https://tinyurl.com/NTRResource>

Authorisation **Pause and check** → consent | TACO risk | clinical condition

If requirement to renew consent, use a new NTR Main Form

Have TACO risk factors been identified? Yes No Scan QR code and document in clinical notes

Identified TACO risk factors:

Blood component:

Complete and attach pink sticker from blood component tag

Unit or mls:

Duration:

Date:

Consider single unit transfusion for all non-bleeding patients

Please state any special requirements or instructions below (inform patient of rationale):

Authoriser's name (print):

Authoriser's signature:

Safety checklist – must be completed by staff administering the blood component

Bedside verbal ID check and ensure matches patient ID band Yes Patient unable to verbalise

Does the name, date of birth and patient ID number on patient's ID band MATCH EXACTLY with the details on blood component tag? Yes **If not, DO NOT TRANSFUSE, call the laboratory**

Inspect the bag Details match blood component tag Expiry date Condition

Complete blue traceability tag once transfusion commenced and send to laboratory Yes

Authorisation **Pause and check** → consent | TACO risk | clinical condition

If requirement to renew consent, use a new NTR Main Form

Have TACO risk factors been identified? Yes No Scan QR code and document in clinical notes

Identified TACO risk factors:

Blood component:

Complete and attach pink sticker from blood component tag

Unit or mls:

Duration:

Date:

Consider single unit transfusion for all non-bleeding patients

Please state any special requirements or instructions below (inform patient of rationale):

Authoriser's name (print):

Authoriser's signature:

Safety checklist – must be completed by staff administering the blood component

Bedside verbal ID check and ensure matches patient ID band Yes Patient unable to verbalise

Does the name, date of birth and patient ID number on patient's ID band MATCH EXACTLY with the details on blood component tag? Yes **If not, DO NOT TRANSFUSE, call the laboratory**

Inspect the bag Details match blood component tag Expiry date Condition

Complete blue traceability tag once transfusion commenced and send to laboratory Yes