



TRANSFUSION MONITORING SHEET

Patient name:

Owner:

Species:

Breed:

Age:

Sex:

Body weight:

Date:

Clinician:

Blood type:

Crossmatching test ? ☐ Yes ☐ No

Previous transfusions? ☐ Yes ☐ No

Blood product:

☐ pRBC ☐ FFP ☐ FP ☐ Platelet concentrate ☐ Cryoprecipitate ☐ Cryosupernatant ☐ FWB

Unit volume:

Blood product ID:

Expiry date:

Product blood type:

PCV/TP:

Pre-transfusion:

Post-transfusion:

	0	15 min	30 min	1 h	2 h	3 h	4 h
Time							
Infusion rate (ml/h)	0.5 ml/kg/h = _____ ml/h	1 ml/kg/h = _____ ml/h	1.5 ml/kg/h (as needed) = _____ ml/h	2 ml/kg/h (as needed) = _____ ml/h	max 4 hours = _____ ml/h		
PULSE RATE (HR)							
RESP. RATE (RR)							
TEMP.							
MM Colour							
CRT							
Blood pressure (SYS)							
Blood pressure (DIA)							
Blood pressure (MAP)							
Vomit (+/-)							
Angioedema/Pruritus (+/-)							
Other concerns (+/-) and therapy							

Transfusion reaction (check algorithm):

HR >20%, RR >20%, BP <20%, T° > 1 °C, vomiting, pruritus, angioedema, erythema

➔ **STOP TRANSFUSION and notify the clinician in charge immediately**

