



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 Cryoprecipitate FWB

Unit volume:

Blood product ID:

Expiry date:

Product blood type:

HCT/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 = _____ ml/h	2 ml/kg/h = _____ 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 (+/-) & 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**

