# Prehospital Blood Product Transfusion Record

**Product Unit Number**

(Affix sticker below, or write unit number)

**Product Type**

(Check One)

<table>
<thead>
<tr>
<th>Product Unit Number</th>
<th>Product Type</th>
<th>Transfusion Date &amp; Start Time</th>
<th>Transfusion Complete*</th>
<th>Transfusion Reaction**</th>
<th>Transporting Medic/RN Initials</th>
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**Name of Air Medical or Ground Agency:**

**Receiving Facility (Check One):**

- University Hospital
- Brooke Army Med Center
- Other: __________________

**Type of Call (Check One):**

- Scene Call
- Interfacility Transfer

**Aircraft ID / Medic Unit #:**

**Comments:**

*If blood product transfusion is ongoing at time of patient transfer to hospital, document "Ongoing."

**Document actions taken in 'Comments' Section at the time of patient drop-off at receiving hospital.

## Mandatory Blood Product & Blood Form Tracking:

- Transporting crew keep **White Copy**: give the yellow and pink copies AND the blood bag to the Emergency/Trauma Team.
- Emergency Department keep **Yellow Copy**: give the **Pink Copy** AND the blood bag to the Blood Bank/Transfusion Services.

**Blood Bag & Form given to:** ____________________________

**PRINTED NAME**

**SIGNATURE**

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**Actions to take for suspected transfusion reaction:**

- STOP TRANSFUSION
- Disconnect tubing from infusion site; flush site with normal saline
- Keep line open with normal saline
- Re-initiate new transfusion if deemed clinically essential
- Document actions taken in 'Comments' section

**Transporting Crew:** Please send a copy to MEDCOM via text image (210) 417-7016, or email MEDCOM@strac.org, or FAX: (210) 233-5825

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