

Documentation Toolkit

The following forms are examples of forms that could be adapted for use by hospitals or regional health authorities during a blood shortage. They are not intended to be prescriptive, but may be used as a place to begin with the development of site specific documentation for use during a blood shortage.

- **Requests for Blood Components During a Blood Shortage**
- **Blood Component Screening Log for Use During a Blood Shortage**
[adapted from Sunnybrook Health Sciences Centre]
- **OR Cancellation Report for Use During a Blood Shortage**
[adapted from Ontario Contingency Plan]
- **Transfusion Log for Use During a Blood Shortage**
[adapted from Ontario Contingency Plan]

REQUESTS FOR BLOOD COMPONENTS DURING A BLOOD SHORTAGE

Phase: Amber Red

Facility: _____ MR#: _____

Component(s)
Requested: Red Cells, # _____ Platelets, # _____ Plasma, # _____

Date/Time required: _____

Requested by: _____

Reason for request: _____

Laboratory Data: Hgb: _____ Plt: _____ INR: _____

Comments: _____

Number or Products Transfused _____

Post Transfusion Laboratory data: Hgb: _____ Plt: _____ INR _____

Adverse events within 24 hours: _____

Additional components requested within 24 hours _____

Comments: _____

QA

Review of existing processes _____

Recommendation for change _____

Blood Component Screening Log for Use During a Blood Shortage

Phase: Amber Red

Facility: _____

Date: 20 / / at 0800 hr to 20 / / at 0800 hr

Time	MR#	Last Name	Product & # Requested	MD Requesting	Clinical Indication	Products Available	Decision	MD reviewing
			<input type="checkbox"/> Red Cells, # ____ <input type="checkbox"/> Platelets, # ____ <input type="checkbox"/> Plasma, # ____			<input type="checkbox"/> Red Cells, # ____ <input type="checkbox"/> Platelets, # ____ <input type="checkbox"/> Plasma, # ____		
			<input type="checkbox"/> Red Cells, # ____ <input type="checkbox"/> Platelets, # ____ <input type="checkbox"/> Plasma, # ____			<input type="checkbox"/> Red Cells, # ____ <input type="checkbox"/> Platelets, # ____ <input type="checkbox"/> Plasma, # ____		
			<input type="checkbox"/> Red Cells, # ____ <input type="checkbox"/> Platelets, # ____ <input type="checkbox"/> Plasma, # ____			<input type="checkbox"/> Red Cells, # ____ <input type="checkbox"/> Platelets, # ____ <input type="checkbox"/> Plasma, # ____		
			<input type="checkbox"/> Red Cells, # ____ <input type="checkbox"/> Platelets, # ____ <input type="checkbox"/> Plasma, # ____			<input type="checkbox"/> Red Cells, # ____ <input type="checkbox"/> Platelets, # ____ <input type="checkbox"/> Plasma, # ____		

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