

SOP Template: Pre-transfusion Patient Assessment and Vital Signs Documentation

This SOP describes the process for **pre-transfusion patient assessment and vital signs documentation**, detailing the steps to evaluate the patient's clinical status before blood transfusion. It includes verifying patient identity, reviewing medical history and transfusion indications, conducting a thorough physical examination, and accurately recording baseline vital signs. The purpose is to ensure patient safety by identifying any contraindications or risks prior to transfusion, enabling early detection of adverse reactions, and providing a reliable baseline for comparison during and after the transfusion process.

1. Purpose

To outline standard procedures for pre-transfusion assessment and documentation of vital signs, ensuring patient safety and compliance with clinical guidelines.

2. Scope

This SOP applies to all healthcare professionals involved in blood transfusion processes within [Institution/Facility Name].

3. Responsibilities

- Registered Nurses (RNs) or other authorized personnel: Perform assessments, record vital signs, and document findings.
- Physicians: Review assessments and address any identified contraindications or risks.

4. Procedure

- 1. Verify Patient Identity**
 - Confirm using at least two identifiers (e.g., full name, DOB, hospital ID).
 - Check against blood product documentation and wristband.
- 2. Review Medical History**
 - Assess for previous transfusion reactions, allergies, and relevant diagnoses.
 - Review indications for transfusion and recent laboratory results.
- 3. Conduct Physical Assessment**
 - General appearance, consciousness, and signs of infection or distress.
 - Inspect for fever, rash, dyspnea, edema, or jugular venous distension.
- 4. Measure and Document Baseline Vital Signs**
 - Temperature
 - Pulse rate
 - Respiratory rate
 - Blood pressure
 - Oxygen saturation (if indicated)
- 5. Document All Findings**
 - Record on appropriate pre-transfusion form or EMR.
 - Report any abnormal findings to the physician before proceeding.
- 6. Obtain Informed Consent**
 - Ensure valid patient (or legal representative) consent for transfusion is on file.

5. Documentation Example

Assessment Item	Recorded Value	Comments
Temperature	___ Â°C	
Pulse Rate	___ bpm	
Respiratory Rate	___ breaths/min	
Blood Pressure	___ / ___ mmHg	
Oxygen Saturation	___ %	(if indicated)
Physical Assessment	___	Appearance, signs of distress, etc.

6. References

- [CDC: Blood Transfusion Safety](#)
- [WHO: Blood Safety and Availability](#)
- Institutional Blood Transfusion Policy & Guidelines

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