Event ID: _____

Initial Report Date (HERF Q1): _____

Patient Safety Event Report – Hospital:

H BLOOD OR BLOOD PRODUCT

Use this form to report any patient safety event or unsafe condition involving the processing and/or administration of blood or a blood product. This form is not intended for reporting blood or blood product collection and other processes prior to receipt of the product by the blood bank. If the event involves a device, please also complete the Device or Medical/Surgical Supply, including Health Information Technology (HIT) form. Narrative detail can be captured on the Healthcare Event Reporting Form (HERF). Highlighted fields are collected for local facility and PSO use. This information will not be forwarded to the Network of Patient Safety Databases (NPSD).

1. What type of blood product was involved in the event or unsafe condition? CHECK ONE:

a. ☐ Whole blood
b. ☐ Red blood cells
c. ☐ Platelets
d. ☐ Plasma
e. ☐ Cryoprecipitate
f. ☐ Granulocytes
g. ☐ Lymphocytes
h. ☐ Albumin
i. ☐ Factors (e.g., VII, VIII, IX, AT III)
j. ☐ IV immunoglobulin
k. ☐ RhIg
l. ☐ Other: **PLEASE SPECIFY** _____

2. What was the International Society of Blood Transfusion (ISBT) 8 digit product code for the product associated with this event or unsafe condition?

ISBT PRODUCT CODE

IF UNSAFE CONDITION → STOP This form is complete.

3. Which of the following best characterizes the event? CHECK ONE:

a. ☐ Incorrect action (e.g., patient given blood of wrong ABO type)
b. ☐ Adverse reaction during or following administration without any apparent incorrect action
c. ☐ Unknown

→ STOP This form is complete.

4. What incorrect action was involved in administering the blood or blood product? CHECK ONE:

- a. ☐ Incorrect patient
- b. ☐ Incorrect ABO/Rh type
- c. ☐ Incorrect product (e.g., giving heterologous blood product when autologous blood product should have been given)
- d. ☐ Incorrect sequence of administration of products
- e. ☐ Incorrect use of expired or unacceptably stored products
- f. ☐ Incorrect volume (e.g., number of units or milliliters)
- g. ☐ Incorrect IV fluid (i.e., administered product with incorrect IV fluid)
- h. ☐ Incorrect timing (e.g., delay in administration)
- i. ☐ Incorrect rate
- j. ☐ Unknown
- k. ☐ Other: **PLEASE SPECIFY** _____

5. Was a two-person, three-way check documented? CHECK ONE:

- a. ☐ Yes
- b. ☐ No
- c. ☐ Unknown

6. What was the volume? CHECK ONE:

- a. ☐ Too much/too many
- b. ☐ Too little/too few
- c. ☐ Unknown

7. Was the rate of administration: CHECK ONE:

- a. ☐ Too fast
- b. ☐ Too slow
- c. ☐ Unknown

8. During which stage was the event discovered (regardless of the stage when it originated)? CHECK ONE:

- a. ☐ Product test or request
- b. ☐ Sample collection
- c. ☐ Sample handling
- d. ☐ Sample receipt
- e. ☐ Sample testing
- f. ☐ Product storage
- g. ☐ Available for issue
- h. ☐ Product selection
- i. ☐ Product manipulation
- j. ☐ Request for pickup
- k. ☐ Product issue
- l. ☐ Product administration (transfusion or infusion)
- m. ☐ Post-transfusion or administration
- n. ☐ Unknown
- o. ☐ Other: **PLEASE SPECIFY** _____

9. During which stage did the event originate (regardless of the stage when it was discovered)? CHECK ONE:

- a. ☐ Product check-in
- b. ☐ Product test or request
- c. ☐ Sample collection
- d. ☐ Sample handling
- e. ☐ Sample receipt
- f. ☐ Sample testing
- g. ☐ Product storage
- h. ☐ Available for issue
- i. ☐ Product selection
- j. ☐ Product manipulation
- k. ☐ Request for pickup
- l. ☐ Product issue
- m. ☐ Product administration (transfusion or infusion)
- n. ☐ Post-transfusion or administration
- o. ☐ Unknown
- p. ☐ Other: **PLEASE SPECIFY** _____

Thank you for completing these questions.