Multi-Unit Transfusion Administration Record
Frequently Asked Questions

A Multi-Unit Transfusion Administration Record (SHA 0625) has been developed, incorporating key stakeholder feedback. This document was created to simplify documentation during situations where multiple blood components/products are transfused rapidly, such as a massive hemorrhage or plasmapheresis.

Purpose and Use

1. What is the Multi-Unit Transfusion Administration Record (TAR)?

- A specialized transfusion record that allows documentation of multiple blood components or products on a single form.

2. Why was this new form created?

- To streamline documentation and reduce paperwork during high-volume transfusions, while maintaining the safety and traceability requirements of accreditation.

3. When should the Multi-Unit TAR be used?

- The Multi-Unit TAR should **only** be used during a **massive hemorrhage situation (MHP)**, during **plasmapheresis**, or when **multiple vials** of a product are given at one time resulting in a large number of transfusion tags (example, Coagulation factors).

4. Can it be used for regular transfusions of more than one unit?

- No. Continue to use the standard Transfusion Administration Record for any routine transfusions.

5. Is the Multi-Unit TAR mandatory during a massive hemorrhage protocol (MHP)?

- Yes, this form shall be used whenever the MHP is activated to support accurate tracking of all units issued and transfused.

Completion and Documentation

1. How do I fill out the Multi-Unit TAR?

- Patient identification is documented in the upper right corner of the Multi-Unit TAR. Use the checkboxes to indicate patient location and record the date and time of Massive Hemorrhage Protocol activation. The two healthcare providers who have done the bedside pre-transfusion checks must sign the transfusion tag which will be adhered to the Multi-Unit TAR. The start and completion times of each transfusion may be recorded either on the TAR beside the tag or directly on the transfusion tag.

2. Do I need a separate form for each component or product type?

- No. The Multi-Unit TAR allows documentation of multiple components or products (for example, RBCs, plasma, fibrinogen concentrate) on one form.

3. How do I record vital signs?

- Vital signs shall be recorded on the flow sheet or anesthesia log.

Other

1. What if more units are issued after the form is full?

Start a new Multi-Unit TAR after every four components or products.

2. What do I do if the blood tags at my facility do not fit in the rectangle spaces on the Multi-Unit TAR?

There are several different sizes of blood tags throughout the province. Please see Appendix on page 2 for an example of how to fit square tags on the Multi-Unit TAR.

Support

1. Who can I contact with questions?

- Transfusion Safety Manager (North) - Kim Goodwill: Kimberly.goodwill@saskhealthauthority.ca
- Transfusion Safety Manager (South) - Amanda Zylak: Amanda.zylak@saskhealthauthority.ca
- Transfusion Safety Officer (Saskatoon) - Heather Panchuk: heather.panchuk@saskhealthauthority.ca
- Local Transfusion Medicine Laboratory

Appendix – Square Blood Tags on the Multi-Unit TAR

Saskatchewan Health Authority

Transfusion Administration Record
Multi-Unit

INITIAL APPLICABLE BOXES

Massive Hemorrhage Protocol (MHP) Activated ☐ yes ☐ no
Date: Time:
Massive Hemorrhage Protocol (MHP) Discontinued
Date: Time:

☐ Critical Care
☐ Operating Room
☐ Apheresis
☐ Other: _____

BEDSIDE PRE-TRANSFUSION CHECKS

1. Verify patient identity
   - Confirm full name and spelling, date of birth, HSN is **IDENTICAL** on ID band, transfusion label/tag, TAR form and transfusion order.
2. In ***EMERGENCY TRANSFUSION OF UNCROSSMATCHED BLOOD*** (Excluding Massive Hemorrhage Protocols) authorization for emergency uncrossmatched red blood cells for transfusion documented
3. Check ABO/Rh compatibility of patient and blood component.
4. Confirm unit tag number or lot number is IDENTICAL on Canadian Blood Services label or manufacturer label, transfusion label/tag. TAR form.
5. Visually inspect component or product.
6. Check expiry date/time of component or product.

TRANSFUSION TAG - CHART COPY | Time Initiated | Completed

*Ensure tag has been signed by 2 healthcare providers

Saskatchewan Health Authority (applies to former Saskatoon Health Region) Chart Copy

Ward: RUH TML GENERAL PRODUCT ISSUE

HOCKEY, PUCK
PHN#: PHN004237
RBC (R6)
Patient Blood Group: A Rh: POS
Donor Blood Group: A Rh: POS
compatible
Unit #: C053023730948
Date Prepared: 19/10/23 Time: 10:06 Tech: SAA
Date Issued: 19/10/23 Time: 10:10 Tech: SAA
Comment:

AG HERE

Signature #1: _____
Signature #2: _____
Transfusion start date and time: _____
Transfusion completion date and time: _____

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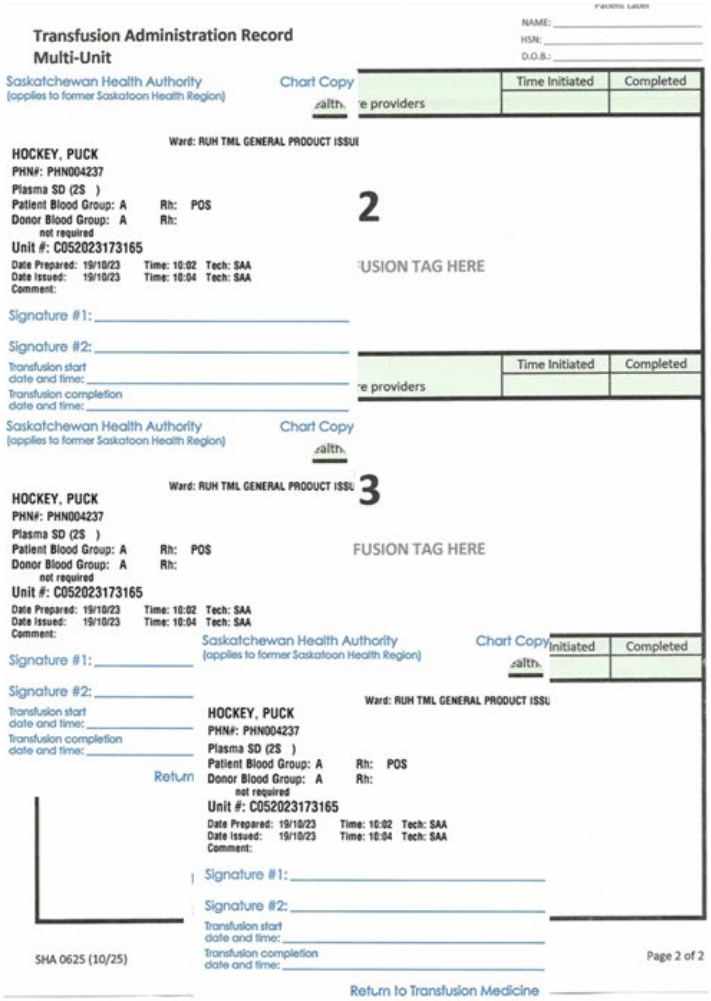

Transfusion Administration Record
Multi-Unit

NAME: _____
HSN: _____
D.O.B.: _____

Saskatchewan Health Authority (applies to former Saskatoon Health Region) Chart Copy

Time Initiated | Completed

e providers

Ward: RUH TML GENERAL PRODUCT ISSUE

HOCKEY, PUCK
PHN#: PHN004237
Plasma SD (2S)
Patient Blood Group: A Rh: POS
Donor Blood Group: A Rh:
not required
Unit #: C052023173165
Date Prepared: 19/10/23 Time: 10:02 Tech: SAA
Date Issued: 19/10/23 Time: 10:04 Tech: SAA
Comment:

2

USION TAG HERE

Signature #1: _____
Signature #2: _____
Transfusion start date and time: _____
Transfusion completion date and time: _____

Saskatchewan Health Authority (applies to former Saskatoon Health Region) Chart Copy

Time Initiated | Completed

e providers

Ward: RUH TML GENERAL PRODUCT ISSUE

HOCKEY, PUCK
PHN#: PHN004237
Plasma SD (2S)
Patient Blood Group: A Rh: POS
Donor Blood Group: A Rh:
not required
Unit #: C052023173165
Date Prepared: 19/10/23 Time: 10:02 Tech: SAA
Date Issued: 19/10/23 Time: 10:04 Tech: SAA
Comment:

3

FUSION TAG HERE

Signature #1: _____
Signature #2: _____
Transfusion start date and time: _____
Transfusion completion date and time: _____

Saskatchewan Health Authority (applies to former Saskatoon Health Region) Chart Copy

Time Initiated | Completed

Ward: RUH TML GENERAL PRODUCT ISSUE

HOCKEY, PUCK
PHN#: PHN004237
Plasma SD (2S)
Patient Blood Group: A Rh: POS
Donor Blood Group: A Rh:
not required
Unit #: C052023173165
Date Prepared: 19/10/23 Time: 10:02 Tech: SAA
Date Issued: 19/10/23 Time: 10:04 Tech: SAA
Comment:

Return

Signature #1: _____
Signature #2: _____
Transfusion start date and time: _____
Transfusion completion date and time: _____

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Return to Transfusion Medicine