Massive Transfusion Protocol
Blood Product Units Tracking Form

Patient Information: (may label with patient sticker)

- Patient Name: _____
- Medical Record Number: _____
- Date of Admission: _____
- Date/Time of Protocol Initiation: _____

Blood Products Transfused:

Blood Product	Number of units transfused	Total Units
Packed Red Blood Cells (PRBCs)	_____	_____
Fresh Frozen Plasma (FFP)	_____	_____
Platelets	_____	_____
Cryoprecipitate	_____	_____
Other (Specify)	_____	_____

("number of units transfused" can be documented in tally marks, sum up tally marks to get "total units" number)

Transfusion Details:

- Indication for Transfusion: _____
- Ordering Physician: _____
- Transfusion Nurse: _____
- Circumstances Leading to Protocol Activation:

  _____

- Response to Transfusion:

  _____
  ___

Documentation:

- Nurse Signature: _____
- Time/Date: _____

- **When completed Scan Sheet into EHR**

- **Blood Products Transfused: Lab confirmation**

Blood Product		Total Units
Packed Red Blood Cells (PRBCs)		_____
Fresh Frozen Plasma (FFP)		_____
Platelets		_____
Cryoprecipitate		_____
Other (Specify)		_____

- Lab Signature: _____

- Time/Date: _____