**Part B: Audit of Transfusion Consent Practice 2022**

**Data collection tool**

**This tool has been designed to assist with data collection. Before use, please download the full audit questions, to understand the abbreviations used in the collection tool. (**<https://www.health.vic.gov.au/patient-care/blood-matters-program>**)**

**collection tool only – submit online**

| **Audit number** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pt age (yrs) |  |  |  |  |  |  |  |  |  |  |
| Gender(M, F, I) |  |  |  |  |  |  |  |  |  |  |
| Clinical specialty(Med, H/O, Surg, Ob, ICU, HDU, ED) |  |  |  |  |  |  |  |  |  |  |
| Date of transfusion (dd/mm/yyyy) |  |  |  |  |  |  |  |  |  |  |
| Products tx (Y, N) |  |  |  |  |  |  |  |  |  |  |
| - RBC |  |  |  |  |  |  |  |  |  |  |
| - Platelets |  |  |  |  |  |  |  |  |  |  |
| - FFP |  |  |  |  |  |  |  |  |  |  |
| - Cryo |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Consent found (Y, N) |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Yes, consent found** |  |  |  |  |  |  |  |  |  |  |
| Consent(specific form, generic, medical record, other) |  |  |  |  |  |  |  |  |  |  |
| Date consent recorded(dd/mm/yyyy) |  |  |  |  |  |  |  |  |  |  |

**collection tool only – submit online**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Audit number, cont** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| Duration of consent(None, admit, up to 12m, >1y but not indefinite, indefinite) |  |  |  |  |  |  |  |  |  |  |
| Products included (Y, N) |  |  |  |  |  |  |  |  |  |  |
| - RBC |  |  |  |  |  |  |  |  |  |  |
| - Platelets |  |  |  |  |  |  |  |  |  |  |
| - FFP |  |  |  |  |  |  |  |  |  |  |
| - Cryo |  |  |  |  |  |  |  |  |  |  |
| - Generic fresh components |  |  |  |  |  |  |  |  |  |  |
| Pt received info on (Y, N) |  |  |  |  |  |  |  |  |  |  |
| - reason for transfusion |  |  |  |  |  |  |  |  |  |  |
| - risks & benefits of tx |  |  |  |  |  |  |  |  |  |  |
| - risks or consequences not receiving tx |  |  |  |  |  |  |  |  |  |  |
| - alternatives to tx |  |  |  |  |  |  |  |  |  |  |
| - written information |  |  |  |  |  |  |  |  |  |  |
| Who obtained consent(CMO, Reg, Intern, MO, NP, cannot identify, other) |  |  |  |  |  |  |  |  |  |  |
| Consent signed by(pt, MTDM, unsigned) |  |  |  |  |  |  |  |  |  |  |
|  - If unsigned, is a reason provided (Y, N) |  |  |  |  |  |  |  |  |  |  |
|  - Specify reason |  |  |  |  |  |  |  |  |  |  |
| Interpreter(not needed, Y, N, unknown) |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **No consent found** |  |  |  |  |  |  |  |  |  |  |
| Reason documented(no explan, verbal only, emergency, other) |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |