

# Procedural Harm-Blood Management Top Ten Checklist

| TOP TEN EVIDENCE BASED INTERVENTIONS   |                          |                          |                          |                                  |
|--|--------------------------|--------------------------|--------------------------|----------------------------------|
| PROCESS CHANGE   | IN PLACE                 | NOT DONE                 | WILL ADOPT               | NOTES (RESPONSIBLE AND BY WHEN?) |
| Establish a Blood Management Program.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                  |
| Monitor noncompliance with Blood Management criteria by ordering practitioners.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                  |
| Blood transfusion criteria require assessment of patients' hemoglobin (e.g. Hgb 7-8 g/dl), their capacity to compensate for acute anemia, and their additional risk factors. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                  |
| Require an informed consent specific to blood and/or blood product transfusions.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                  |
| Use focused audits to identify inappropriate prescribing practice patterns and system failures.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                  |
| Establish an ordering policy that limits orders for transfusion to "one unit" at a time.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                  |
| Informed consents are available in several literacy levels and languages.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                  |
| Use technology to incorporate alerts and hard stops in order sets as appropriate.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                  |
| Require documentation of clinical justification for blood or blood product transfusions.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                  |
| Provide handouts that list frequently asked questions to assist the patients and families in their decision making process.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                  |