

Audit Proforma

GG&C Major Haemorrhage Audit Proforma

MH Details:	Was this communicated clearly? Please record any issues
Patient Name:	
CHI/TJ Number:	
Date Of Birth:	
Ward/Theatre Involved:	
Clinical Details/Urgency:	
Components Requested:	
Medical Officer:	
Contact Details:	
Was 2222 alert activated:	

Date/Time of Major Haemorrhage Alert	___/___/___ ___:___
Date/Time Sample Received In Lab:	___/___/___ ___:___
Date/Time first units of Red Cells ready for collection	___/___/___ ___:___
Date/Time first units of Red Cells collected from lab	___/___/___ ___:___
Were there any portering/collection issues? (If yes please record details) Yes/No	
Was MH 'stood down'? (If yes please state date/time) Yes/No	___/___/___ ___:___
Was there any wastage of blood/blood components? (If yes please record details) Yes/No	
Please record any other issues with this MH alert?	
BMS Print Name:	Signature:

Learning Action Points:	
Action Points Complete: Yes/Not Required	Date: ___/___/___ Sign: _____
Learning Shared: Yes/Not Required	Date: ___/___/___ Sign: _____
Fed back to HTT/HTC: Yes/Not Required	Date: ___/___/___ Sign: _____
Fed back to OTC: Yes/Not Required	Date: ___/___/___ Sign: _____