



अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट, गुजरात  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAJKOT, GUJARAT  
DEPARTMENT OF TRANSFUSION MEDICINE

BLOOD TRANSFUSION MONITORING CHART

Date and Time: Patient's Name:  
Blood unit checked by Name: Patient's Reg. No.:  
Designation: Blood Bank No. (BBR/BG No):  
Signature: Blood Unit No. (BB No.):  
Patient's Blood Group: Donor Blood Group:  
Blood Transfusion Started at:

TIME	TEMPERATURE	PULSE RATE	BLOOD PRESSURE	RESPIRATORY RATE	REMARKS
0 hr					
15 mins					
30 mins					
1 hr					
1 ½ hr					
2 hr					
2 ½ hr					
3 hr					
3 & ½ hr					
4 hr					
<b>POST TRANSFUSION VITALS</b>					
30 mins					
1 hr					

Blood Transfusion Completion Time:  
Colour of the first voided Urine:

**Please send back the Transfusion reaction form Duly filled & signed by the Transfusionist to the Blood Storage Unit once Transfusion is completed.**

The Blood Transfusion was Monitored by:

Name:

Designation:

Signature:

**Please Stick Matching Slip here**