ARIA – Blood products – how to complete questionnaire, prescribe and add drug admin

Prescriber - open patient, click Assessments - Questionnaires from drop down menu



Click New (bottom left) - select Blood Transfusion (Tx) Record - for Authorisation questionnaire

Close	Summary	H _× History	Notes	Flow Sheet	Chart	Vital Signs	Sexom	Tx Optic	ns Rx	Drug Admi	n Prov Appr	Reports	E Toxicities	di lenvol	? Help	X Reminders	Qstrs	Tx? Dispensing					
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This questionnaire can be set up as a favourite – click **Favourites** – highlight **Blood Transfusion (Tx) Record – for Authorisation** on left of the screen, click _____

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Kimber, Donna	*				
ilable			•	Favorites	
Туре	- Title		•	Title	Туре
Clinical	RITUXIMAB administration		G		
Clinical	RT BREAST REFERRAL FORM (V1.1)				
Clinical	RADIOTHERAPY REFERRAL FORM (RTF 0				
Clinical	Scalp Cooling Cycle 1				
Clinical	Scalp Cooling subsequent cycles				
Clinical	SRH CHEMOTHERAPY BOOKING FORM (
Clinical	SRH-Pre Chemotherapy Checklist - FIRST				
Clinical	SRH-Holistic Needs Assessment v11				
Clinical	SRH-Treatment Record -non-chemo acti				
Clinical	SRH Day Unit Patient Assessment v1				
Clinical	Test Tag in Questionnaires				
Clinical	Blood Transfusion (Tx) Record -for Author				
Clinical	PHT-Treatment Record -non-chemo acti				
Clinical	Triage Log Sheet				
Clinical	Venesection-Assessment/Plan Haemachr	-			
Clinical	Venesection-Assessment/Plan Polycytha	-			
Clinical	Venesection-Procedure Note v1				
Followup	Breast Cancer FUA (Patients in Remission)				
Trial Registration	CLINICAL TRIALS PARTICIPATION FORM	-			
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This will add to your favourites, and appear automatically when you next to go questionnaires (uncheck Show All Questionnaires)

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Click **OK** – you can now complete the questionnaire – click **Approve**

The questionnaire appears as approved

2	Manage	er																	
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A – audit

Middle icon - will show Response History for the questionnaire

No. Prompt Response Date/Time Status Patient's weight (kg) 75 03/Apr/2020 17:04:53 Approved Previous Tx reaction: No 03/Apr/2020 17:04:53 Approved Has the patient agreed to the transfusion? Yes 03/Apr/2020 17:04:53 Approved Have the risks, benefits and alternatives to transfusion been discussed? Yes 03/Apr/2020 17:04:53 Approved Information leaflet given Yes 03/Apr/2020 17:04:53 Approved Name of person authorising transfusion Dr Doctor 03/Apr/2020 17:04:53 Approved Has consent previously been obtained and ongoing agreement confirmed? Yes 03/Apr/2020 17:04:53 Approved Units 2 03/Apr/2020 17:04:53 Approved 03/Apr/2020 17:04:53 Approved Transfusion Rate/duration 2 Datours 03/Apr/2020 17:04:53 Approved CMV neg* No 03/Apr/2020 17:04:53 Approved Approved Indication ofTransfusion code R2 03/Apr/2020 17:04:53 Approved	sponse No.	e History			
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				•
	Blood Transfusion (Tx) Record-for Authorisation			
	Name zzTest, Blood products Date/Time Apr 03, 2020 17:00			
	NHS Number 3571596548 Approved By Kimber, Donna			
	ide to Transfusion rates			
Re	d cells 2-3 hours, Max 4 hours from removal from Blood fridge telets 30 minutes			
Pa	tient's weight (kg) 75			
All	covering medication required needs to be prescribed on ARIA			
Pre	evious Tx reaction:			
	Yes			
	No			
	INSENT TO A BLOOD TRANSFUSION			
На	s the patient agreed to the transfusion? • Yes C No			
Ifr	no give reason:			
Ha	ve the risks, benefits and alternatives to transfusion been discussed?			
Ifr	no give reason			
Inf	ormation leaflet given © Yes C No			
Na	me of person authorising transfusion Dr Doctor			
Co	nfirmation of Consent (long term transfusion-dependent patients only):			
Ha	s consent previously been obtained and ongoing agreement confirmed?			
GU	IDANCE ON THE TRANSFUSION OF BLOOD COMPONENTS BASED ON THE TICNAL THINTCATION CODES			-

Patient name, DOB, NHS Number, date/time and name of prescriber who has completed the questionnaire will automatically appear at the top

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	Keu Geirconcenuates.					•
	Dose in the absence of active bleeding, use the minimum number of units requ to achieve target haemoglobin (hb). Consider the size of the patient; assume increment of 10gl, per unit for average weight 70kg adult. R1 - Acute bleeding R2 - Aim for an Hb >70g/L in a stable patient R3 - Aim for an Hb >70g/L in a stable patient	uired e an /L				
	OR - Please indicate other reason for transfusion					
	Platelet concentrates:					
	Dose for prophylaxis - do not routinely transfuse more than ONE adult therapeutic dose. Prior to an invasive procedure or to treat bleeding conside patient size and previous increment.	r				
	Platelets should be transfused if:- P1 < 10x10"9/L reversible bone marrow failure P2 < 10-20x10"9/L septis/haemostatic abnormality P3 Prior to invasive procedure or surgery P3a < 20x10"9/L central venous line P3b < 40x10"9/L pre-liver biopsy/major surgery P3d < 80x10"9/L pre-liver biopsy/major surgery P3d < 80x10"9/L pre-liver biopsy/major surgery of CNS P5a < constitute if critical bleeding on anti-olatelet drug					
	OR - Please indicate other reason for transfusion					
	Red blood cells	• Yes	C No			
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	Blood Transfusion (Tx) Red	cord-for Authorisation		
	Name zzTest, Blood products Date of Birth Feb 15, 1969 NH5 Number 3571596548	Date/Time Apr 03, 2020 17:00 Date Approved Apr 03, 2020 Approved By Kimber, Donna		
	Transfusion Rate/duraton			
	CMV neg*	C Yes No 		
	Irradiated*	C Yes No 		
	Indication of Transfusion code	R2		
	Please refer to Blood Transfusion policy for more inform For further advice contact the Haematologist or Transfu Trust bleep system	ation. Ision Practitioners via the		

When prescribing select from Favourites – Blood Products eg RED CELLS Unit 1 and RED CELLS Unit 2

Admin In	Str Agent Description	•	Favor
C (No	t specified)		Juppe
🛅 Alle	rgy		
🛅 Ana	aemia		
🔁 Blo	od Products		
B	CHLORPHENAMINE 10 mg injection Intravenous once (Internal)		
	HYDROCORTISONE NA SUCCINATE 100 mg injection Intravenous once (Internal)		
	PARACETAMOL 1,000 mg tablet Oral once (Internal)		
	PLATELETS 1 Units infusion Intravenous once over 30 minutes (Internal)		
B	RED CELLS Unit 1 1 Units infusion Intravenous once (Internal)		
	RED CELLS Unit 2 1 Units infusion Intravenous once (Internal)	E	
	RED CELLS Unit 3 1 Units infusion Intravenous once (Internal)		

Manager				
File Workup Assessments Manage Tx View Pha	rmacy System Admin Window	Applications Help		
Close Summary History Notes Flow Sheet Chart	Vital Signs Exam Tx Options Rx	Drug Admin Prov Appr Reports Toxici	ities Journal Help	Reminders Qstrs Dispensing
Medications - zzTest, Blood products - 3571596548 - E	irthdate: Feb 15, 1969 *** NOT AN AC	TUAL PATIENT ***		
Start Treatment Orders / Rx Medication H	istory Plan History			2
View by C Pending C Approved C Pharmacy Approved All but Errored C Error	Time Period Date All	•		
Order # Start Date		Status # Renewals	New	Agent
D7200001 Apr 03, 2020		APPROVED	Review	Active Medications
CHLORPHENAMINE 10 mg injecto	on Intravenous once (Internal)	Apr 03, 2020		
HYDROCORTISONE NA 100 mg inject	ion Intravenous once (Internal)	Start Date: 0	Reorder	PARACETAMOL (tablet)
PARACETAMOL 1,000 mg tab	let Oral once (Internal)	Start Date: 0	Error	RED CELLS Unit 1 (infusion)
RED CELLS Linit 1 1 Linits infusio	on Intravenous once (Internal)	Apr 03, 2020 Start Date: 0	Reissue	RED CELLS Unit 2 (infusion)
	in and avenues once (internal)	Apr 03, 2020		
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Nurse – to review completed questionnaire and drug admin

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	Reminders													Scores _
	Patient Data Collection													

The window will default to Today - you may need to select All to view

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You can view and print as screen shots above.

Drug admin will be exactly the same as any other agent

Manager												
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🛃 Drug Administratio	n - zzTest, Blood products -	3571596548 - Birt	hdate: Feb 15, 1969	*** NOT AN ACTUA	L PATIENT ***			- • ×				
Daily Administration	Other Administration	Standing Orders	Administration Hx	Medication Hx		Sex: Male		2				
Admin. Date	Agent Dose - Admin. Date /	Time	Status	Admin Instr		Recording Info		Dose Recordings				
Apr 03, 2020 🕤	Internal				General Orders							
	CHLORPHENAMINE 10 mg	injection Intrav	enous once					Documentation				
	10 mg	(1 of 1)	PENDING	Order # 207200001	A	Co-Sign:						
	Apr 03, 2020 00:00					Recorded:		Show				
	HYDROCORTISONE NA SU	CCINATE 100 mg	injection Intrave				All but Errored Pending					
	100 mg Apr 03, 2020 00:00	(1 of 1)	PENDING	Order # 207200001	A	Co-Sign: Recorded:						
	PARACETAMOL 1,000 mg	tablet Oral once										
	1,000 mg Apr 03, 2020 00:00	(1 of 1)	PENDING	Order # 207200001		Co-Sign: Recorded:						
	RED CELLS Unit 1 1 Units	infusion Intraver	nous once									
	1 Units Apr 03, 2020 00:00	(1 of 1)	PENDING	Order # 207200001	A	Co-Sign: Recorded:						
	RED CELLS Unit 2 1 Units	infusion Intraver	nous once									
	1 Units Apr 03, 2020 00:00	(1 of 1)	PENDING	Order # 207200001	A	Co-Sign: Recorded:						
Pending Doses	* Additional administration	instructions have be . Adjust All	een entered	Co-Sign		† •	s 📑	Close				
Drug Administration			Kimber Donno		D	SH Outpt Clinic	a Apr 2 20	20 17:22				
and a stand and a stand			promotion, promitia		The second secon	an eagle online	[mpi 0, 20	1				

Note pad will show the same information as Final Bedside Check on the orange form

Manager File Workup Asse	ssments Man	age Tx View	Pharmacy Sys	tem Admin Wir	ndow Ap	plications Hel	p Maa	0		2	×	
Close Summary	History Notes	Flow Sheet Cha	nt Vital Signs	Exam Tx Options	Rx D	rug Admin Prov Appr	Reports	Toxicities	Journal	Help	Reminders	G
Modify CSCCN Vital	Signs (20720000	1) - zzTest, Blood	products - 357	1596548 - Birthdat	te: Feb 15,	1969 *** NOT AM	N ACTUAL	PATIENT	***			
Collecte	d 03/04/2020	Time 17:24	Abn. Only		0) 🕜 阳 🖳 🕈	10	ש.	Result Set	Full 🕒	- Approve	
Height Weight BSA BMI Temperature Pulse Respiration Systolic Diastolic O2 Sat Pain Assessment				ms g celsius min min mn(hg) hm(hg) 6		(-) (-) (18-30) (36.5-37.5) (60-100) (12-20) (90-140) (60-90) (90-100) (0-10)		द द द द द द द द द द द				
Print	New	Error	* Preliminary			Entered	All	rove	ОК		Cancel	

Other observations could be added under Vital Signs