

BLOOD SAMPLING AUDIT – Bedside

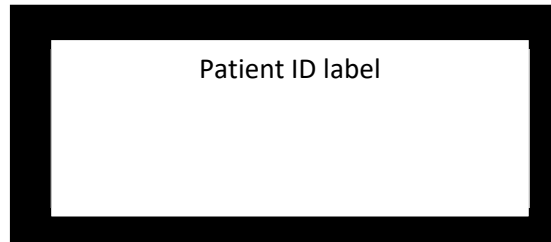
Audit start date: _____ **Audit end date:** _____

Patient clinical specialty: surgical medical haem/oncology (including BMT) trauma

Patient admission date: _____ **Patient weight:** _____ (kg)

Please complete every time you withdraw blood from your patient

(Please start a new row per access/draw, e.g. if completing peripheral draw and CVAD at one time, this MUST be entered on two lines)



Sample draw	Date dd/mm/yy	Time (24 hour clock)	Total volume Withdrawn (mL)	Volume line clearance (mL)	Line clearance: (D)iscarded (R)eturned	Reason for blood sampling (R)outine (M)edical request (L)ab request - rebleed (O)ther	Access type (C)VAD (I)V - Peripheral (S)tab - Peripheral (A)rterial (P)rick - finger/heel	Collection method (V)acutainer (S)yringe (C)apillary
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Was the patient DISCHARGED during the audit period: Yes No **If yes, discharge date:** _____

Please ensure patient details are included on each page; and use as many forms as your patient requires.

