AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

National Women's Neonatal Unit
Record of Exchange Transfusion

SURNAME: _____ NHI: _____

FIRST NAMES: _____

DATE OF BIRTH: ____ / ____ / ____ SEX: _____

Please attach patient label here

Transfusion No: 1 2 3 4 5

Date: _____

Method: 1 catheter – push / pull ☐

2 catheter – push / pull ☐

Infusion pump – pull ☐

Consent obtained: _____

Time started: _____

Time finished: _____

Birthweight: _____

Time	IN	OUT	Temp	B.P.	Resps	H.R.	SaO_2	TcO_2	Remarks

Blood label:

Blood label:

RECORD OF EXCHANGE TRANSFUSION

CR5730

02/06