



EED Regulatory Readiness Checklist (Inpatient Units)  
**Pain & Blood Administration**

Criteria	Met	Not Met	Comments
<p><b>Pain</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pain assessed on admission to the hospital</li> <li><input type="checkbox"/> Pain is reassessed and documented at least every 8 hours</li> <li><input type="checkbox"/> Pain is assessed using an appropriate method, based on age and verbal ability</li> </ul> <p>When pain is identified as a problem:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A pain treatment plan including stated problem, goals, interventions and individual response is noted in the Plan of Care</li> <li><input type="checkbox"/> Goals that are not progressing should also be documented in the progress note</li> <li><input type="checkbox"/> Pain is reassessed and documented after administering analgesic medications: <ul style="list-style-type: none"> <li>a) 30 Minutes after a parenteral analgesic</li> <li>b) 60 minutes after an oral analgesic</li> <li>c) PCA/PCEA analgesia, nurses monitor patients' respiratory rate, pain and sedation levels 1-2 times within an hour after initiation of therapy, a bolus dose, and at least every 4 hours for the duration of PCA therapy; more often as clinically indicated</li> </ul> </li> <li><input type="checkbox"/> Pain is assessed within an hour after invasive procedures that require procedural sedation or anesthesia. The assessment is documented using a navigator or flowsheet</li> </ul>			
<p><b>Blood Transfusion</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Staff involved in transfusion verification have completed MGH training</li> </ul> <p>Pre-transfusion:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Consent completed</li> <li><input type="checkbox"/> Collect blood sample and label at bedside verifying proper patient identification</li> </ul> <p>Administration:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Check consent</li> <li><input type="checkbox"/> 2-person ID check of patient ID and blood bank label, exp date, product ID on Bag matches blood bank label</li> <li><input type="checkbox"/> ABO Rh compatibility donor and recipient</li> </ul> <p>Documentation includes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In EPIC or paper, a dual signature and credentials verification</li> <li><input type="checkbox"/> Stay with patient for 5 minutes of admin., Complete sets of Vital Signs (Temp, BP, HR, and RR) every 5-30 minutes and when completed</li> <li><input type="checkbox"/> If transfusion reaction, stop transfusion, send blood and tubing to blood transfusion service</li> <li><input type="checkbox"/> Complete Request for Investigation – transfusion Reaction Form</li> </ul>			