

# TEG AUDIT

sheet completed by

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Patient name		Date	
Hosp no		Time	
Diagnosis/Reason for ITU admission			

<u>Indication for TEG (please circle all that apply)</u>								<i>Renal replacement therapy</i>	
Sepsis	Post-operative	Ongoing haemorrhage			Coagulopathy	Pre-procedure	Trauma		
<i>Following:</i>	pRBC	FFP	platelets	cryo	vit K	tranexamic acid	beriplex	fVIIa	Ca <sup>2+</sup>
Details (dose / date & time / route of administration)									
Other (details please)									

<u>Has the patient recently received any of the following anticoagulant drugs (please circle all that apply)</u>					
aspirin	clopidogrel	warfarin	heparin	dalteparin	other
Details (dose / date & time / route of administration)					

<u>Most recent FBC / clotting sample date &amp; time</u>											
Results	Hb		Hct		Plts		INR		APTT <sub>r</sub>		TT
fibrinogen				D-dimer							

<u>Most recent blood gas sample date &amp; time</u>											
Results	pH		Hb		Hct		iCa <sup>2+</sup>		patient temperature		

<u>TEG Result</u>	R time		K time		α ang		MA		LY30		
<u>TEG diagnosis</u>											
<u>Did the TEG result affect patient management, if YES then how?</u>											