

HOSPITAL

TRANSFUSION
(BLOOD PRODUCTS/COMPONENTS)
PHYSICIAN ORDER FORM

INSTRUCTIONS:

Check boxes for all orders that apply. Fill-in blank spaces of all checked orders. Write signature and print name, time and date at bottom of each form.

ORDERS MAY BE FAXED TO BLOOD BANK - FAX #7329

INFORMED CONSENT FORM SIGNED YES
 KNOWN PREVIOUS TRANSFUSION REACTION YES NO

DIAGNOSIS: _____

Units to transfuse: _____ Last Hgb _____ Date: _____ Time: _____ # Units to hold: _____
 Time to be transfused: _____ Transfuse over _____ hours

RED BLOOD CELLS
(ALL RBCS ARE LEUKOREDUCE)

NON-OPERATIVE

- Hgb < 8g or Hct < 25% with Symptom/Risk (check "Symptom/Risk" box below)
- Hgb < 8g in patient with chronic anemia (anemia work up completed)
- Acute hemorrhage/trauma with EBL > 750 cc or with hypotension or tachycardia
- Other Explanation: _____

PRE PERI OPERATIVE

- Hgb < 8g or Hct < 25
- Hgb < 9g with Symptom/Risk (check "Symptom/Risk" box below)
- Hgb < 10g and anticipated blood loss > 500 cc
- Intraoperative/Post-Operative EBL > 750 cc
- Other Explanation: _____

SYMPTOM/RISK

- Symptomatic Anemia (anemia and chest pain, dyspnea, lightheadedness)
- Risk (CAD, COPD, CVA, CHF, SEPSIS or CNS symptoms)

PLATELETS

Random Single Donor
 # Units to transfuse: _____ # Units to hold: _____ Last Platelet Count: _____ Date: _____

- Platelet Count < 10,000
- Platelet Count < 15,000 BMT/Leukemias
- Platelet Count < 100,000 with platelet dysfunction & active bleeding or Pre-operative
- Other Explanation: _____

FRESH FROZEN PLASMA
FROZEN WITHIN 24 HRS

Units: _____ Last PT/PTT: _____ Date: _____

- Replacement of Coagulation Factors with PT > 15 &/or PTT > 55 AND evidence of active bleeding or pre-operative.
- Replacement of factor deficiencies (documented by factor assay) - II, V, VII, IX, X, XI AND pre-operative bleeding or bleeding after surgery.
- Anti Thrombin III deficiency/protein C deficiency
- Therapeutic Apheresis / Thrombotic Thrombocytopenia Purpura
- Other Explanation: _____

CRYO-PRECIPIRATE

Units: _____ Last Fibrinogen: _____ Date: _____

- Hypofibrinogenemia < 100 mg/dL fibrinogen with active bleeding
- Dysfibrinogenemia (with increase in Thrombin Time or decrease in Fibrinogen < 100 mg/dL) & active bleeding or Pre-Op
- Uremia w/ active bleeding or Pre-Op
- Hemophilia A
- Von Willebrand's Disease
- Other Explanation: _____

SPECIAL ATTRIBUTES

- Leukoreduced CMV Negative
- Irradiated Split RBC
- Volume Reduce Platelets Pedi-Syringe _____ mL

PRE-MEDICATION

- Acetaminophen (Tylenol) _____ mg _____ (Route) pre-transfusion
- Diphenhydramine (Benadryl) _____ mg _____ (Route) pre-transfusion
- Other: _____

 PHYSICIANS SIGNATURE

 PHYSICIANS NAME (PRINT/PAGER #)

 TIME