

BLOOD TRANSFUSION ORDER FORM

1. Date Ordered: ___/___/___ Diagnosis: _____
2. Date to be Transfused: ___/___/___ Time _____ Allergies: _____
3. Have patient sign informed consent for Administration of Blood Products Form
4. Order blood products

<input type="checkbox"/> Pre-filtered Leukoreduced RBC's _____ # Units	<input type="checkbox"/> 1. Hematocrit less than 21% in patient with stable volume and no medical complications <input type="checkbox"/> 2. Hematocrit less than 25% in patient with stable volume and medical complications. <input type="checkbox"/> COPD <input type="checkbox"/> ASCVD with Angina <input type="checkbox"/> Other - Specific _____ <input type="checkbox"/> 3. Falling hematocrit in a patient with unstable volume or ongoing blood loss. <input type="checkbox"/> 4. Special circumstances - specify _____	Pre Trans PATIENT RESULTS <table border="1" style="width: 100%;"><tr><td>HCT</td></tr></table>	HCT	
HCT				
<input type="checkbox"/> Platelets _____ # Doses (1 dose = 6 to 8 packs) (1 dose = 1 Plt. Pheresis) (1 dose = 1 leukoreduced Plt. Pheresis)	<input type="checkbox"/> 1. Platelet count under 10,000 <input type="checkbox"/> 2. Bleeding with platelet count under 50,000 <input type="checkbox"/> 3. Operative bleeding with platelet count under 100,000 <input type="checkbox"/> 4. Bleeding with prolonged bleeding time (presumed qualitative platelet defect). <input type="checkbox"/> 5. Massive blood transfusion (one blood volume exchange within 12 hours) <input type="checkbox"/> 6. Special circumstances - specify _____	<table border="1" style="width: 100%;"><tr><td>PLATELET COUNT</td></tr></table>	PLATELET COUNT	
PLATELET COUNT				
<input type="checkbox"/> Frozen Plasma _____ # Units	<input type="checkbox"/> 1. Replacement of isolated or multiple clotting factor deficiencies <input type="checkbox"/> 2. Severe liver disease with patient actively bleeding or facing hemostatic challenge <input type="checkbox"/> 3. Massive blood transfusion (one blood volume exchange within 12 hours) <input type="checkbox"/> 4. Treatment of TTP <input type="checkbox"/> 5. Emergent reversal of warfarin effect <input type="checkbox"/> 6. Special circumstances - specify _____	<table border="1" style="width: 100%;"><tr><td>PT</td></tr><tr><td>PTT</td></tr></table>	PT	PTT
PT				
PTT				
<input type="checkbox"/> Other	For all patients receiving components: <input type="checkbox"/> Premedication 30" prior <input type="checkbox"/> Acetaminophen 650 mg po <input type="checkbox"/> Diphenhydramine _____ mg po			

- Patient may take own meds, diet and activity as usual during infusion.
 Discharge 30 minutes post transfusion with appropriate instructions.

Physician's Signature _____ Date _____ Time _____

White Copy: Patient's Chart Yellow Copy: Laboratory