



**BLOOD COMPONENT ORDER FORM**  
**PLASMA, PLATELETS, CRYOPRECIPITATE**  
Fax to 7138 (BB) BB Phone: 470-7404

Form #2958B Rev. 11/28/2011

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**Consent to transfuse obtained by provider.**

Transfuse \_\_\_\_\_ over \_\_\_\_\_ hours

Note: See Anticoagulation Reversal Guide on back of form.

**Irradiated Reason required:** \_\_\_\_\_

**CMV Seronegative: Reason required:** \_\_\_\_\_

Premedicate: ( Check if none)  Diphenhydramine \_\_\_\_\_  Furosemide \_\_\_\_\_

Hydrocortisone \_\_\_\_\_  Tylenol \_\_\_\_\_  Other \_\_\_\_\_

**Post-Transfusion Orders:**

- Platelet Count recommended  $\leq 1$  hr after plt transfusion to assess refractoriness  PT/INR recommended  PTT after FP  Fibrinogen level after Cryo recommended

**RATIONALE FOR TRANSFUSION: Check at least one indication below for components ordered. When laboratory values are part of the indication, those values should be current.**

**PLATELETS: Most recent platelet count \_\_\_\_\_ /uL Platelet Function Test: \_\_\_\_\_**

*A single dose of platelets (one pheresis) will increase the platelet count by approximately 30,000-60,000/uL in an average adult and contains approximately 250 mL of plasma (equivalent to 1 unit of plasma).*

- Platelet count under 10,000/uL. **Etiology:** \_\_\_\_\_
- Preoperative or active bleeding with a platelet count under 50,000/uL.
- Recent anti-platelet medication administration. Specify medication and date of last dose: \_\_\_\_\_
- Abnormal platelet function with active bleeding (regardless of count) documented by a prolonged platelet function test.
- Special circumstances. (Specify): \_\_\_\_\_

*DDAVP can be used as an alternative to platelets in patients with functional platelet abnormalities due to uremia or drugs. Platelets are contraindicated in TTP, HUS and HIT.*

**FROZEN PLASMA Most recent coag studies: PT \_\_\_\_\_ INR \_\_\_\_\_ PTT \_\_\_\_\_**

**Patient weight \_\_\_\_\_ kg**

*A dose of 10-15 mL/kg is usually adequate to correct a coagulopathy. (Plasma volume is approximately 250-300 mL per unit.)*

- Emergent reversal of warfarin effect. **Note: Vitamin K administration may be useful in emergent reversal of warfarin.**
- Significantly prolonged PT/PTT with active bleeding or impending hemostatic challenge. (PT > 15, INR  $\geq$  1.8, or PTT > 40)
- Treatment of Thrombotic Thrombocytopenia Purpura, Hemolytic-Uremic Syndrome
- Special circumstances. (Specify): \_\_\_\_\_

**CRYOPRECIPITATE Most recent Fibrinogen \_\_\_\_\_ Date: \_\_\_\_\_**

*One unit per 10 kg, is usually adequate when cryoprecipitate is required.*

**Patient weight \_\_\_\_\_ kg**

- Bleeding with fibrinogen less than 100 mg/dL.
- Uremia with bleeding. (DDAVP may also be useful.) BUN \_\_\_\_\_ /Creatinine \_\_\_\_\_
- Special circumstances. (Specify): \_\_\_\_\_

Date	Time	Provider Signature	Print Name	Beeper No.

**Checked box indicates that either the verbal order provided by the MD/NP while performing a procedure OR the telephone order was read back as written.** Date \_\_\_\_\_ Time \_\_\_\_\_ RN: \_\_\_\_\_