



Blood Component Order Form

TRANSFUSION ORDER: TRANSFUSE _____ UNITS OF _____ EACH UNIT OVER _____ HOURS
(number) (product type) (number)

Please note: Prestorage leukoreduced units are considered "CMV-low risk".

* Orders for Irradiated and/or CMV-seronegative units require a patient diagnosis. _____

- IRRADIATED*
- CMV-SERONEGATIVE* (CMV-seropositive patients are not eligible for CMV-seronegative units)
- SPLIT UNITS REQUIRED

BLOOD WARMER SPECIAL INSTRUCTIONS: _____

Hemoglobin OR Hematocrit after transfusion Platelet Count 30-60 minutes after transfusion PT PTT after transfusion

PREMEDICATIONS: DIPHENHYDRAMINE _____ ACETAMINOPHEN _____
HYDROCORTISONE _____ Other _____

RATIONALE FOR TRANSFUSION: Listed indications are not intended to be standards of care. Check or write-in below at least one reason for components ordered. When laboratory values are part of the indication, those values should be current.

RED BLOOD CELLS Per NYSDOH, Hemoglobin of 7.0 grams per deciliter or Hematocrit of 21 percent may be adequate in asymptomatic non-acute patients.

HEMATOCRIT: _____ percent OR HEMOGLOBIN: _____ grams per deciliter

NOTE: Red cells should be transfused on a unit by unit basis with intervening clinical evaluation.

- 1. Symptomatic anemia or falling hematocrit in a patient with unstable volume.
- 2. Hemoglobin less than 7 grams per deciliter or Hematocrit less than 21 percent in a patient with stable RBC volume.
- 3. Significant blood loss (hypovolemic). Surgical EBL _____ mL Other: _____ mL
- 4. Other circumstances (Specify): _____

PLATELETS PLATELET COUNT: _____/microliter PLATELET FUNCTION TEST: _____

- 1. Platelet count under 10,000/microliter.
- 2. Preoperative or actively bleeding with platelet count under 50,000/microliter.
- 3. Preoperative neurological or ophthalmologic patient with platelet count under 100,000/microliter.
- 4. Normal platelet count with active bleeding. (Presumed qualitative platelet defect).
- 5. Anti-platelet medications. Specify med: _____ Date last dose given: _____
- 6. Other circumstances (Specify): _____

FROZEN PLASMA INR: _____ PT: _____ seconds PTT: _____ seconds

- 1. Prolonged PT (greater than 16 seconds), PTT (greater than 40 seconds) or INR greater than or equal to 1.8 with active bleeding or impending hemostatic challenge.
- 2. Emergent reversal of warfarin effect.
- 3. Treatment of thrombotic thrombocytopenia purpura, hemolytic uremic syndrome or other thrombotic microangiopathy.
- 4. Other circumstances (Specify): _____

CRYOPRECIPITATE FIBRINOGEN LEVEL: _____ micrograms per deciliter

- 1. Bleeding or preoperative with fibrinogen less than 100 micrograms per deciliter
- 2. Uremia with bleeding
- 3. Other circumstances (Specify): _____

RHOGAM (Rh IMMUNE GLOBULIN): 300 microgram dose

- 1. Postpartum (if newborn is Rh Positive)
- 2. Antepartum prophylaxis at 26-28 weeks gestation.
- 3. Spontaneous termination of pregnancy.
- 4. Other circumstances (Specify): _____

ORDERING PHYSICIAN/PA/NP (PLEASE PRINT FULL NAME): _____

PRACTITIONER SIGNATURE: _____ DATE: _____ TIME: _____

VERBAL ORDER TAKEN BY: _____ DATE: _____ TIME: _____

NURSE NOTING ORDERS: _____ DATE: _____ TIME: _____

FAX ORDER TO 42005

PLACE ORIGINAL IN PATIENT CHART