



AMBULATORY BLOOD COMPONENT ORDER FORM

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LOCATION _____ **PATIENT'S NAME** _____

DATE OF SERVICE _____ **PHONE #** _____ **DATE OF BIRTH** _____

TRANSFUSE _____ **UNITS OF** _____ **EACH OVER** _____ **HOURS** _____

IF IRRADIATED CMV NEGATIVE REQUESTED, PLEASE GIVE REASON

Consent to transfuse: Obtained

- Neupogen _____ Rationale Long term (current) drug use Agranulocytosis
- Convalescence & palliative care following chemo Convalescence & palliative care following other treatment
- Encounter for other unspecified procedures & aftercare
- Labs prior to transfusion _____
- CBC After Transfusion _____ Platelet Count After Transfusion _____

NOTE: PACKED RBC' S SHOULD BE TRANSFUSED ON A UNIT BY UNIT BASIS WITH INTERVENING CLINICAL EVALUATION.

PRE-MEDICATION (CHECK IF NONE)

- A. DIPHENHYDRAMINE _____ B. FUROSEMIDE _____
- C. HYDROCORTISONE _____ D. TYLENOL _____ E. OTHER _____

RATIONALE FOR TRANSFUSION: LISTED INDICATIONS ARE NOT INTENDED TO BE STANDARDS OF CARE. CHECK AT LEAST ONE INDICATOR BELOW FOR COMPONENTS ORDERED WHEN LABORATORY VALUES ARE PART OF THE INDICATION, THOSE VALUES SHOULD BE CURRENT.

I. RED BLOOD CELLS **HEMATOCRIT:** _____ **HEMOGLOBIN:** _____

- 1. SYMPTOMATIC ANEMIA OR FALLING HEMATOCRIT IN A PATIENT WITH AN UNSTABLE VOLUME.
- 2. HGB < 8 GM/DL OR HCT <24% IN PATIENT WITH STABLE RBC VOLUME
- 3. SPECIAL CIRCUMSTANCES (SPECIFY); _____
- 4. PATIENT DIAGNOSIS: _____

II. PLATELETS **PLATELET COUNT:** _____ **PLT FUNCTION TEST:** _____

- 1. PLATELET COUNT UNDER 10,000/ul.
- 2. SPECIAL CIRCUMSTANCES (SPECIFY)
- 3. PATIENT DIAGNOSIS: _____

NOTE: 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 AND HUS

HEENT:		Abdomen:	
Heart:		Extremities:	
Lungs:			
Temp:	Resp:	Pulse:	BP:

ORDERING PHYSICIAN (PLEASE PRINT FULL NAME): _____

DATE/TIME: _____ **PHYSICIAN'S SIGNATURE REQUIRED:** _____

COMMENTS: _____ **BLOOD BANK TECH:** _____ **TIME:** _____