

BLOOD BANK ORDER

ROUTINE STAT

OUTPATIENT TRANSFUSION - DATE: _____

PRE-OP (POTENTIAL SIGNIFICANT BLOOD LOSS) - SURGERY DATE: _____

BLOOD PROCEDURE REQUIRED:

TYPE AND CROSSMATCH # OF UNITS: _____
 KEEP AHEAD..... # OF UNITS: _____

TYPE AND SCREEN 2 UNITS
(UNITS ARE SCREENED BUT NOT CROSSMATCHED)

BLOOD COMPONENTS REQUIRED: (Indicate number of units)

RED BLOOD CELLS (LEUKOCYTE REDUCED) _____ SINGLE DONOR APHERESIS PLATELETS (LEUKOCYTE REDUCED) _____
 FRESH FROZEN PLASMA _____ CRYOPRECIPITATE _____ OTHER _____

SPECIAL REQUIREMENTS:

AUTOLOGOUS BLOOD AVAILABLE CMV NEGATIVE ORTHOPAT
 DESIGNATED DONOR BLOOD AVAILABLE IRRADIATED CELL SAVER

TRANSFUSION INSTRUCTIONS:

1. _____
2. _____
3. _____
4. _____

RATIONALE FOR ORDERING TRANSFUSION: (CHECK ALL THAT APPLY)

RED BLOOD CELLS:

- Symptomatic anemia (e.g., CHF, angina, DOE)
- Potential significant blood loss
- Blood replacement 7 or more units
- Hb \leq 8 g/dL or HCT \leq 25%
- Other _____

FRESH FROZEN PLASMA:

- PT, PTT > 1.5 x normal
- Blood replacement 7 or more units and continued bleeding
- Clotting factor deficiency replacement
- Warfarin reversal
- Thrombotic thrombocytopenia purpura
- Other _____

PLATELETS:

- Platelet count <20 x 10⁶ / L
- Pre-op or invasive procedure & platelet count <50 x 10⁶ / L
- Blood replacement 7 or more units and bleeding
- Intra-operative bleeding
- Qualitative platelet disorder
- Other _____

CRYOPRECIPITATE:

- Bleeding and fibrinogen < 100 mg/dL
- von Willebrand's disease
- Hemophilia A
- Fibrin glue
- Other _____

IF ORDERING BLOOD OR BLOOD PRODUCTS OUTSIDE OF MEDICAL-STAFF-APPROVED PARAMETERS PLEASE DOCUMENT THE REASON:

PHYSICIAN SIGNATURE: _____ DATE: _____ TIME: _____

NURSE SIGNATURE: _____ DATE: _____ TIME: _____

UNIT CLERK SIGNATURE: _____ DATE: _____ TIME: _____

SEE REVERSE FOR INFORMED CONSENT