DATE: | TIME: | DIAGNOSIS:

PHYSICIAN ORDERS

Packed Red Blood Cells
_____ units
_____ CMV neg(immunosuppressed)
_____ Irradiated (transplant candidates/transplant recipient)

pre-transfusion Hb _____
Hct _____
Date _____

Platelets
_____ random plts
_____ Single donor (Pheresis)
_____ CMV neg (immunosuppressed)
_____ Irradiated (transplant candidated/transplant recipient)

pre-transfusion Plt. ct. _____
Date _____

Fresh Frozen Plasma
_____ units

pre-transfusion PT _____
PTT _____
Date _____

Other

Indications for Transfusion:

_____ Hgb<8 or Hct<25% with symptoms *or risk** (indicate below)
_____ Acute hemorrhage with blood loss > 750 cc (or > 10cc/kg)
_____ Peri-operative
_____ Hb < 8 or Hct<25%
_____ Hb < 10 with symptoms* (indicate below)
_____ Hb < 10 with anticipated blood loss > 500 cc
_____ Hb < 10 with risk** (indicate below)

* **Signs or symptoms** N/A _____
Postural hypotension _____ Dyspnea _____
Tachycardia _____ Syncope _____
Transient ischemic attack _____ Angina _____
Altered mental status or signs of shock _____

****Patients at increased risk** N/A _____
Myocardial ischemia / coronary artery disease _____
Hemoglobinopathy _____ CHF _____
Valvular heart disease _____ COPD _____
Respiratory failure _____ Sepsis _____
Congenital heart disease_____
Cerebral ischemia/TIA/Stroke _____

___ Plt ct < 20,000 with or without active bleeding
___ Plt ct < 50,000 with active bleeding (< 100,000/ul postoperatively)
___ Plt ct < 50,000 and undergoing major surgery
___ Plt dysfunction (Bleeding Time > 10 minutes) with:
_____ active bleeding or
_____ pre-op
_____ Massively transfused patient (> 10 units/24 hours or > 30cc/kg)
_____ Acute hemorrhage with > 3 liters volume replacement or (> 40 cc/kg)
_____ S/P open heart surgery or acute dialysis

_____ Acute Hemorrhage **or** _____ Pre-op **with:**
_____ Coagulopathy (PT > 15 sec or PTT > 55 sec)
_____ Replacement of factors (II, V, VII, IX, X, XI)
_____ Thrombotic Thrombocytopenic Purpura (alone or with apheresis)
_____ Massive Transfusion (> 10 units PRBC/24 hours or > 30 cc/kg)
_____ Acute hemorrhage with > 3 liters volume replacement (or > 40 cc/kg)

Other Justification Not Listed: _____

Leukocyte - Reduced Product _____ Yes _____ No
Has patient had previous reactions? _____ Yes _____ No _____ Not known
Sickle cell patient ☐ Yes ☐ No

Medications with Transfusions:
☐ Diphenhydramine (Benadryl)_____ mg IV / PO (circle one) once pretransfusion
☐ Acetaminophen (Tylenol)_____ mg PO / PR (circle one) once pretransfusion
☐ Pediatric Acetaminophen (Tylenol) _____ mg PO / PR (circle one) once pretransfusion
☐ Furosemide (Lasix) _____ mg IV / PO (circle one)
☐ Other: _____

Physician Signature: _____
Date/Time: _____

RN Signature: _____
Unit Secretary Signature: _____
Date/Time: _____

Addressograph

Hospital

Transfusion Orders

7030-171 (11/03)

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