

**REQUISITION: BLOOD PRODUCT**

**DIAGNOSIS:** \_\_\_\_\_

Keep \_\_\_\_\_ (2 or 4) Ahead

**Transfusion Orders:**     **Transfuse When Ready**             **Emergent Transfusion**

<input type="checkbox"/> PRBCs *	Quantity _____	<input type="checkbox"/> Cryoprecipitate (Pooled) **	Quantity _____	<input type="checkbox"/> FFP	Quantity _____
<input type="checkbox"/> Washed PRBCs	_____	<input type="checkbox"/> Platelet Pheresis *	_____	<input type="checkbox"/> Other:	_____
<input type="checkbox"/> Irradiated PRBCs	_____	<input type="checkbox"/> Irradiated Platelet Pheresis *	_____		

Transfusion Rate: 125 mL per hour unless otherwise specified  
 Use a Blood Warmer if the transfusion rate exceeds 125 mL per hour unless otherwise specified)

Do not use Blood Warmer

\* All PRBC and Platelets are Leukoreduced                      \*\* 1 Unit of Pooled Cryoprecipitate contains 6 single donor units

**Post Transfusion Testing**

H&H \_\_\_\_\_ Hour(s) Post Transfusion [Time \_\_\_\_\_ ]       Platelet Count 1 Hour Post Transfusion

PT or  PTT 4 Hours Post Transfusion

**Transfusion Indicators (Check all that apply)**

<p><b>PRBC</b></p> <p><input type="checkbox"/> Significant blood loss with a combination of at least two of the following conditions:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Systolic blood pressure drop of 30% or more</li> <li><input type="checkbox"/> Systolic blood pressure less than 100 mm Hg</li> <li><input type="checkbox"/> Pulse greater than 100 per minute</li> <li><input type="checkbox"/> Orthostatic hypotension</li> </ul> <p><input type="checkbox"/> Active bleeding with Hemoglobin less than 10 g / dL or blood loss greater than 20% or 1000 cc</p> <p><input type="checkbox"/> Hemoglobin less than 7 g / dL or Hematocrit less than 21 % (chronic anemia)</p> <p><input type="checkbox"/> Hemoglobin less than 8 g / dL if diagnosis of coronary artery disease, Chronic pulmonary disease or cerebral vascular accident</p> <p><input type="checkbox"/> Symptoms related to anemia, specify _____</p> <p><input type="checkbox"/> Hemoglobin less than 8 g / dL or Hematocrit less than 24 % (pre or post Surgery)</p> <p><input type="checkbox"/> Symptoms of hypoxia, specify _____</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>FFP</b></p> <p><input type="checkbox"/> PT greater than 15 sec</p> <p><input type="checkbox"/> PTT greater than 60 sec</p> <p><input type="checkbox"/> After massive transfusion to replace diluted coagulation factors (4 units per 8 units of PRBCs)</p> <p><input type="checkbox"/> Plasma exchange, therapeutic (i.e. TTP)</p> <p><input type="checkbox"/> Infants with protein losing enteropathy</p> <p><input type="checkbox"/> Reversal of Warfarin effects (active bleeding or emergency surgery)</p> <p><input type="checkbox"/> Antithrombin III Deficiency</p> <p><input type="checkbox"/> Von Willebrand's Disease</p> <p><input type="checkbox"/> Other: _____</p> <hr/> <p><b>PLATELETS</b></p> <p><input type="checkbox"/> Platelet count less than 20,000 / mm<sup>3</sup></p> <p><input type="checkbox"/> Platelet count less than 50,000 / mm<sup>3</sup> and actively bleeding</p> <p><input type="checkbox"/> Platelet count less than 50,000 / mm<sup>3</sup> in non-Bleeding patients scheduled for major surgery within 24 hours</p> <p><input type="checkbox"/> Other: _____</p>
<p><b>CRYOPRECIPITATE</b></p> <p><input type="checkbox"/> Decreased Factor VIII documented by both:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> History of Factor VIII deficiency</li> <li><input type="checkbox"/> Prolonged PTT or active bleeding</li> </ul> <p><input type="checkbox"/> Von Willebrand's Disease with elevated bleeding time or actively bleeding</p> <p><input type="checkbox"/> Hypofibrinogenemia with one of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> History of active bleeding</li> <li><input type="checkbox"/> Fibrinogen less than 140 mg / dL</li> </ul> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Transfuse when ready</p>	<p><b>IRRADIATED PRBC AND PLATELETS</b></p> <p><input type="checkbox"/> Patient at risk for graft vs. host disease</p> <p><input type="checkbox"/> Bone marrow transplant</p> <p><input type="checkbox"/> Other: _____</p>
	<p><b>WASHED PRBCs</b></p> <p><input type="checkbox"/> IgA deficient recipient</p> <p><input type="checkbox"/> Previous anaphylactoid reactions to plasma components</p> <p><input type="checkbox"/> Other: _____</p>

\_\_\_\_\_  
Physician Printed Name

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date / Time