

Please Place Patient Label Here  
DO NOT COVER BARCODE



**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 8 grams per deciliter or Hematocrit less than 24 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 1.5 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 IMMUNOGLOBULIN):** 300 microgram dose

- 1. Postpartum (if newborn is Rh Positive)
- 2. Antepartum prophylaxis at 26-28 weeks gestation.
- 3. Spontaneous termination of pregnancy at or beyond 13 weeks gestation.
- 4. Other circumstances (Specify): \_\_\_\_\_

**MICRHOGAM (Rh IMMUNOGLOBULIN):** 50 microgram mini-dose

- 1. Spontaneous termination of pregnancy up to and including 12 weeks gestation.

ORDERING PHYSICIAN/PA/NP (PLEASE PRINT FULL NAME): \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
PRACTITIONER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
VERBAL ORDER TAKEN BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
NURSE NOTING ORDERS: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

FAX ORDER TO 42005

PLACE ORIGINAL IN PATIENT CHART