



115 Porter Drive
Middlebury, Vermont 05753

ADDRESSOGRAPH

BLOOD TRANSFUSION ORDER FORM

- 1. Date Ordered: ___/___/___ Diagnosis: _____
- 2. Date to be Transfused: ___/___/___ Time _____ Allergies: _____
- 3. Have patient sign informed consent for Administration of Blood Products Form
- 4. Order blood products

<input type="checkbox"/> Pre-filtered Leukoreduced RBC's _____ # Units	<input type="checkbox"/> 1. Hematocrit less than 21% in patient with stable volume and no medical complications <input type="checkbox"/> 2. Hematocrit less than 25% in patient with stable volume and medical complications. <input type="checkbox"/> COPD <input type="checkbox"/> ASCVD with Angina <input type="checkbox"/> Other - Specific _____ <input type="checkbox"/> 3. Falling hematocrit in a patient with unstable volume or ongoing blood loss. <input type="checkbox"/> 4. Special circumstances - specify _____	Pre Trans PATIENT RESULTS HCT
<input type="checkbox"/> Platelets _____ # Doses (1 dose = 6 to 8 packs) (1 dose = 1 Plt. Pheresis) (1 dose = 1 leukoreduced Plt. Pheresis)	<input type="checkbox"/> 1. Platelet count under 10,000 <input type="checkbox"/> 2. Bleeding with platelet count under 50,000 <input type="checkbox"/> 3. Operative bleeding with platelet count under 100,000 <input type="checkbox"/> 4. Bleeding with prolonged bleeding time (presumed qualitative platelet defect). <input type="checkbox"/> 5. Massive blood transfusion (one blood volume exchange within 12 hours) <input type="checkbox"/> 6. Special circumstances - specify _____	PLATELET COUNT
<input type="checkbox"/> Frozen Plasma _____ # Units	<input type="checkbox"/> 1. Replacement of isolated or multiple clotting factor deficiencies <input type="checkbox"/> 2. Severe liver disease with patient actively bleeding or facing hemostatic challenge <input type="checkbox"/> 3. Massive blood transfusion (one blood volume exchange within 12 hours) <input type="checkbox"/> 4. Treatment of TTP <input type="checkbox"/> 5. Emergent reversal of warfarin effect <input type="checkbox"/> 6. Special circumstances - specify _____	PT PTT
<input type="checkbox"/> Other	For all patients receiving components: <input type="checkbox"/> Premedication 30" prior <input type="checkbox"/> Acetaminophen 650 mg po <input type="checkbox"/> Diphenhydramine _____ mg po	
<input type="checkbox"/> Patient may take own meds, diet and activity as usual during infusion. <input type="checkbox"/> Discharge 30 minutes post transfusion with appropriate instructions.		

Physician's Signature

Date

Time

BLOOD TRANSFUSION ORDER FORM

FORMS - TRANSFU

Original - 9/99

Revised - 11/99, 10/01, 1/02, 4/06

White Copy: Patient's Chart

Yellow Copy: Laboratory