



One Medical Center Drive
P.O. Box 626
Biddeford, ME 04005-0626
(207) 283-7000

Blood Products Transfusion Order Form

Note: *With the exception of exsanguination or profound anemia transfuse RBCs one unit at a time and reevaluate. All cellular blood products at SMMC are leukoreduced.*

RED BLOOD CELLS # OF UNITS WANTED: _____ **# TO BE TRANSFUSED:** _____ **STAT** **URGENT** **ROUTINE**

Special requirements (**requires communication with Blood Bank**): Irradiated (See Reverse) CMV Negative (See Reverse) Autologous

INDICATION (Adults)

- Clinically Significant Acute Blood Loss (i.e., GI bleed, trauma with hypotension)
- Hgb \leq 7.0 g/dl Or Hct \leq 21%
- Hgb $<$ 8.0 dl Or Hct $<$ 24% **And** Hemodynamically Unstable (hypotensive acidotic requiring inotropic support)
- Anemia** with **Acute** Myocardial Infarction or **Unstable** Angina . This category does **NOT** include chronic coronary artery disease or remote myocardial infarction.
- Hgb $<$ 9.0 g/dl with Chronic Transfusion Therapy (e.g., some hematology/oncology patients).
- Other: Explain: _____

Hgb: _____

Note: *Vitamin K should always be considered before FFP to reverse Warfarin effect unless need for correction is urgent. Suggest thawing only two units at a time to prevent waste.*

FROZEN PLASMA # OF UNITS WANTED: _____ **# TO BE TRANSFUSED:** _____ **STAT** **URGENT** **ROUTINE**

INDICATION (Adults)

- Serious or Life-Threatening Bleeding and INR $>$ 1.7 or PTT $>$ 45 Seconds
- Immediate Need for Surgical Intervention or invasive procedure and INR $>$ 1.7 or PTT $>$ 45 Seconds
Note: If Fibrinogen is $<$ 100 mg/dL, consider cryoprecipitate.
- Before Lumbar Puncture and INR $>$ 1.7
- Before Epidural Catheter Placement or Removal and INR $>$ 1.5.
- Thrombotic Thrombocytopenic Purpura

Other - Explain: _____

PTT:_____ INR:_____

Signature of Ordering Physician: _____

Date and Time: _____



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Note: Suggested Dose: 1 unit of pheresed platelets.

PLATELETS # OF UNITS WANTED: _____ **# TO BE TRANSFUSED:** _____ **STAT** **URGENT** **ROUTINE**

Special requirements (**requires communication with Blood Bank**): Irradiated (See Reverse) CMV Negative (See Reverse)

INDICATION (Adults)

- Platelet Count <10,000/mm³ or less in a Nonbleeding Patient with Failure of Platelet Production
- Platelet Count <30,000/mm³ with Significant Bleeding, Confluent Petechiae or Increasing Retinal Hemorrhage
- Platelet Count <50,000/mm³ and Impending Surgery or Invasive Procedure
- Diffuse Microvascular Bleeding in a Patient with Documented DIC or Massive Transfusion and Platelet Count <50,000/mm³ or Lab Values not available.
- Bleeding in a Patient with Qualitative Platelet Defect (caused by drugs or otherwise) regardless of Platelet Count
- Other - Explain: _____

Platelets: _____

(Please give Blood Bank 24 hour advance notice)

CLINICAL INDICATIONS FOR IRRADIATED BLOOD COMPONENTS:

Well-Recognized Indications

- Allogenic and autologous bone marrow/peripheral blood stem cell transplant recipients from the time of initiation of conditioning chemotherapy.
- Individuals diagnosed with Hodgkin lymphoma for life.
- All patients treated with purine analogue drugs (past or present), such as Fludarabine phosphate (Fludara®), Cladribine(Leustatin®), Alemtuzumab Campath®), Pentostatin/Deoxycoformycin .
- Directed donations from blood relatives of recipient.
- HLA matched /crossmatched platelets.
- Intrauterine transfusions and all subsequent neonatal transfusions.
- Premature, low birth weight infants weighing less than 1200g at birth.
- Congenital immunodeficiency syndromes (cellular or combined).

Conditions likely to increase risk

- Granulocyte transfusions.
- Solid Organ transplant recipients.
- Intensive chemotherapy irradiation therapy or immunosuppressive regimen.
- Hematologic malignancies other than Hodgkin Lymphoma.

Indications for CMV Seronegative Blood Components

- CMV seronegative pregnant women.
- Fetuses and neonates, especially low birthweight infants of CMV seronegative mothers.
- CMV seronegative recipients of allogenic bone marrow transplants from CMV seronegative donors.

Note: All red blood cells transfused at SMMC are prestorage leukoreduced. Leukocyte reduction significantly reduces the risk of CMV transmission.

Signature of Ordering Physician: _____

Date and Time: _____