

## 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)

1. ☐ Clinically Significant Acute Blood Loss (i.e., GI bleed, trauma with hypotension)
2. ☐ Hgb  $\leq 7.0$  g/dl Or Hct  $\leq 21\%$
3. ☐ Hgb  $< 8.0$  dl or Hct  $< 24\%$  **AND** Hemodynamically Unstable (hypotensive acidotic requiring inotropic support)
4. ☐ **Anemia** with **Acute** Myocardial Infarction or **Unstable** Angina. This category does **NOT** include chronic coronary artery disease or remote myocardial infarction.
5. ☐ Hgb  $< 9.0$  g/dl with Chronic Transfusion Therapy (e.g., some hematology/oncology patients).
6. ☐ 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)

1. ☐ Clinically Significant Bleeding and INR = to or  $> 1.7$  or PTT  $> 45$  Seconds
2. ☐ Immediate Need for Surgical Intervention or invasive procedure and  
INR = to or  $> 1.7$  or PTT  $> 45$  Seconds
3. ☐ TTP or hemolytic uremic syndrome or deficiencies of protein C, protein S or antithrombin
4. ☐ Other - Explain: \_\_\_\_\_

PTT: \_\_\_\_\_ INR: \_\_\_\_\_

☐ **CRYOPRECIPITATE # OF UNITS WANTED:** \_\_\_\_\_ **# TO BE TRANSFUSED:** \_\_\_\_\_ ☐ **STAT** ☐ **URGENT**

1. ☐ Fibrinogen less than 150 mg/dl and expected to fall significantly (Ex. Massive transfusion)
2. ☐ Fibrinogen less than 100 mg/dl
3. ☐ Dysfibrinogenemia **with** bleeding
4. ☐ Other - Explain: \_\_\_\_\_

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)**

1. ☐ Platelet Count <20,000
2. ☐ Platelet Count <50,000 if bleeding or impending invasive procedure or perioperative
3. ☐ Platelet Count <100,000 and trauma or invasive procedure involving CNS or Eye.
4. ☐ Platelet Count <100,000 and diffuse microvascular bleeding
5. ☐ Bleeding in a Patient with Qualitative Platelet Defect (caused by drugs or otherwise) regardless of Platelet Count
6. ☐ 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**

AABB supports the use of leukocyte-reduced platelets in place of CMV-Seronegative platelets.

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

**Signature of Ordering Physician:** \_\_\_\_\_

**Date and Time:** \_\_\_\_\_