**PHYSICIAN BLOOD ORDER FORM**

**Current Date** | **Time** | **Informed Consent Completed**
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### COMPONENTS

#### RED BLOOD CELLS
- Hgb < 8 g/dL
- Acute blood loss >20% blood volume
- Symptomatic anemia
- Surgery
- Other (specify)

#### Platelets
- Prophylactic
  - Pt < 10K production defect
  - Pt < 20K pediatric
  - Pt < 50K invasive procedure
  - Pt < 100K critically ill neonate
- Bleeding patients
  - Pt > 50K w/microvascular bleeding
  - Pt > 100K w/microvascular bleeding & Cardiopulmonary Bypass (CPB) or ECMO
  - Qualitative platelet defect (specify)
- Other (specify)

#### Fresh Frozen Plasma
- Invasive procedure with INR > 2
- Dilutional coagulopathy
- Therapeutic plasma exchange
- Warfarin reversal

#### Cryoprecipitate
- Diffuse bleeding, fibrinogen < 100 mg/dL
- von Willebrand's disease
- Factor I or XII deficiency
- Fibrin glue

#### Granulocytes
- Bacterial or fungal infection
- Must consult with Transfusion Service Pathologist

#### Rho(D) IMMUNE GLOBULIN
- Fetomaternal hemorrhage in an Rh neg female i.e. eclampsia, pregnancy abortion, amniocentesis, postpartum, trauma, etc.

#### Special requirements
- Check the special requirement and circle the indication for it:
  - CMV neg: Severely immunosuppressed
  - Iradiated: Severe immunosuppression
  - Hemolytic disease
  - Congenital immunodeficiency
  - Intravenous/parenteral exchange
  - Pediatric solid tumor
  - Leukodepleted: 1) To prevent platelet refactoriness; 2) pl has had 2 or more febrile reactions, 3) CMV prevention.
  - Other: Please specify

Blood ordered for □ Transfusion or □ Surgery? Surgery Date _____________________________

Please transfuse ordered components: □ ASAP or □ Date/Time ____________________________

**Pre-med:**
- Tylenol ______ mg PO before transfusion + q ______ hrs pm
  - For children, dosage is 10 mg/kg
- Benadryl ______ mg PO/IM before transfusion + q ______ hrs pm
  - For children, dosage is 1 mg/kg

Other: ____________________________________________

Physician Signature __________________________ MD PI. # _______ Beep # ______

Fax the form to 4-8636