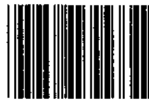
CROUSE HOSPITAL
Your care. In our hands.



BLOOD COMPONENT ORDER FORM
RED CELLS ONLY

Doc. #2958 Rev. 03/07/2014

☐ Consent to transfuse obtained by provider.

Fax to 7138 (TS)

TS Phone: 470-7404

Non-Urgent Red Cell Transfusion: (Orders for Hct > 30% will be automatically reviewed)

☐ Transfuse 1 unit red cells over____________________.
(Time)

Transfuse non-urgent red cells on a unit by unit basis with clinical and lab evaluation following each unit.
One unit of packed red cells will increase hematocrit by approximately 3% and hemoglobin by 1g/dL in an average adult.

Post-transfusion Lab order	☐ CBC 15 minutes after RBC transfusion or ☐ Specify time:

Special Needs	
	☐ **Irradiated** **Reason required** :______________________________
	☐ **CMV Seronegative:** **Reason required** :______________________________
	Note: all cellular components are leukocyte reduced and considered CMV-safe.
	☐ Special request:______________________________

Pre-Meds		
	☐ None requested ____________	☐ Tylenol____________
	☐ Diphenhydramine ____________	☐ Furosemide____________
	☐ Hydrocortisone____________	☐ Other____________

Pre Transfusion Labs	**Most recent Hct/Hgb** **% / g/dL** **Date:**

RATIONALE

☐ Hgb < 7 g/dL or Hct < 21% in a patient with stable RBC volume.

☐ Hgb < 8 g/dL or Hct < 24% in a patient with active cardiac injury.

☐ **Acute** blood loss with >30-40% of estimated blood volume (>1500 mL) not responding to appropriate volume resuscitation, or with ongoing blood loss. **(Consider activation of the Massive Transfusion Protocol.)**

☐ Falling hematocrit in a patient with unstable volume.

☐ Symptomatic anemia: **Provider must indicate symptom(s) AND type of anemia:**

- ☐ Tachycardia, hypotension not corrected by adequate volume replacement alone
- ☐ Documented decreased tissue oxygenation
- ☐ Other – specify:______________________________

Anemia etiology:

- ☐ Chronic blood loss anemia - **(IV iron should be considered)**
- ☐ Anemia due to acquired bone marrow failure
- ☐ Other anemia: Note: prior to transfusion, rule out treatable causes of anemia, i.e.,B12, folate

☐ Special circumstances. (Specify):

Urgent Red Cell Transfusion: Diagnosis: ____________________ Hct/Hgb:____________

☐ Transfuse __________units now. Check rationale below:
- ☐ Unstable bleeding patient, possible massive transfusion
- ☐ Massive Transfusion Protocol initiated (see reverse side for additional information)

☐ Emergency Release of

Check hematocrit periodically post transfusion to assess status.

Date	Time	**Provider Signature**	Print Name	Beeper No.

☐ **Checked box indicates that either the verbal order provided by the MD/NP while performing a procedure OR the telephone order was read back as written.**
Date:__________ Time: ____________ RN: ______________________________

Original - Place in patient chart. Fax the completed form to TS (x7138) for review prior to picking up units.
Bring copy of form or patient stamped charge slip to TS for patient ID verification to pick up blood components.

Activated:

- By practitioner or nursing personnel when a large blood loss is anticipated.

OR

- By Transfusion Services automatically when a patient uses > 4 red cells in 2 hours or >10 red cells in 12 hours

Nursing will:

- Establish point person and phone extension to use to communicate with Transfusion Services/Laboratory.
- Send appropriate patient samples. Use area-specific "stat" labels for OB or OR.
- Keep Transfusion Services apprised of changes to patient location and status.

Key points:

- Transfuse blood products using **a blood warmer** to prevent hypothermia. Keep patient warm, consider use of warming blanket.
- Check lab values periodically throughout the event including pH.
- Packed cells contain citrate that binds calcium; check ionized calcium periodically and replace as needed.
- Consider redosing antibiotics following massive fluid/blood infusions.

Once activated Transfusion Services will:

- Crossmatch 4 units of red cells and stay 4 units ahead until the bleeding is under control.
- Thaw 2 units of plasma and stay 2 units ahead.
- Order 1 -2 platelet doses STAT from the Red Cross.
- Assess blood inventory and order additional units STAT.
- Communicate with other lab departments to ensure priority handling of patient samples.
- Notify the Pathologist (470-7396)

Suggested Baseline Testing:
Order at start of hemorrhage:

In Order of Draw:
Arterial blood gas (syringe on ice)
PT, PTT, fibrinogen (1-blue tube, completely full)
BMP (1-light green tube – lithium heparin)
Ionized calcium (1-gold tube)
CBC (1-lavender tube)
Blood type and crossmatch (if not done previously; 1-pink top tube)

Testing during event-
Consider this every 30- 60 minutes

In Order of Draw:
ABG
PT, PTT, fibrinogen (1-blue tube, completely full)
BMP with ionized calcium (1-light green tube – lithium heparin or gold tube)
CBC (1-lavender tube)
D-dimer if DIC is suspected (1-lavender tube)

Component Usage Guidelines

Consider when:	Component	Dose	Expected increase in values
Uncontrolled bleeding (>1500 ml loss) regardless of initial Hgb/Hct	Red cells (use a blood warmer for infusion > 100 ml/min)	As needed to maintain adequate oxygenation and Hgb > 7	1 gm hemoglobin per unit
INR ≥ 1.5	Plasma	2-4 units (10-15 ml/kg)	25% of factors
Plt count < 80,000 or microvascular bleeding	Platelets	1 dose is one pheresis	30,000 to 60,000 per dose
Fibrinogen < 100mg/dL	Cryoprecipitate	1-2 units/10 Kg. Delivered in pool of 5 units	50 mg/dL
15-20 red cells transfused with persistent coagulopathy	RF VIIa (Novoseven) Call Pharmacy at 7631 for consultation.	41-90 mg/kg	