

LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER - Shreveport, La.

**BLOOD COMPONENT
ORDER FORM**

Location _____ Date _____ Time _____

Diagnosis _____

RATIONALE FOR ORDERING TRANSFUSION: Check all that apply

Patient Hct _____ **RED BLOOD CELLS** _____ units Rate _____
 _____ Symptomatic anemia Route _____
 _____ Potential significant blood loss _____ Surgical _____ Other (specify) _____ Call Orders _____
 _____ Acute blood loss $\geq 15\%$ of blood volume
 _____ Hb ≤ 8 g/dL _____ Evidence of inadequate oxygen delivery

_____ **APHERESIS PLATELETS** _____ units Rate _____
 _____ Platelet count $< 10K/\mu l$ Route _____
 _____ Pre-op for invasive procedure and platelet count $< 50K/\mu l$ Call Orders _____
 _____ Pre-op for neurologic or eye surgery and platelet count $< 80K/\mu l$
 _____ Blood loss > 1 blood volume and bleeding
 _____ Bleeding, intraoperative and platelet count _____ $< 100K/\mu l$ or _____ pending
 _____ Bleeding, qualitative platelet disorder

Patient PT _____ PTT _____ INR _____ **FRESH FROZEN PLASMA** _____ units Rate _____
 _____ PT > 20 sec ; PTT > 53 sec Route _____
 _____ PT, PTT > 1.5 X normal; INR > 2.0 _____ Blood loss > 1 blood volume and bleeding Call Orders _____
 _____ Clotting factor deficiency replacement _____ Warfarin reversal (INR > 5.0)
 _____ Thrombotic thrombocytopenic purpura (TTP) _____ Neurosurgery

Patient Fibrinogen _____ **CRYOPRECIPITATE** _____ units Rate _____
 _____ Bleeding and fibrinogen < 100 mg/dL _____ von Willebrand's disease Route _____
 Call Orders _____

FACTOR CONCENTRATES			
Indication	Product	Dose requested	Brand Name*
Factor VIII deficiency	Factor VIII	_____ I.U.	_____
Factor IX deficiency	Factor IX	_____ I.U.	_____
Factor VIII inhibitor	rFactor VIIa	_____ mg	Novoseven
Massive operative or traumatic blood loss	rFactor VIIa	_____ mg	Novoseven
Anti-thrombin III deficiency	AT III	_____ I.U.	Thrombate
	Other	_____	

*Several Factor VIII and IX preparations are available. Consult blood bank for availability of specific preparations.

RH IMMUNE GLOBULIN (RHIG) EVALUATION

_____ 28 weeks gestation, if D-negative unsensitized give 1 Dose (300 μg) RHIG IM
 _____ Post-delivery, if D-negative and baby is D(+) give 1 Dose (300 μg) RHIG IM
 _____ mL (> 30 mL) fetal blood detected on RH evaluation _____ Doses RHIG IM
 _____ Rh-positive platelets to an RH-negative patient (≤ 7 PPT) give 1 Dose RHIG IM
 _____ Amniocentesis
 _____ Other _____

Physician's Signature _____

Ordering Physician (Printed Name) _____

Date _____ Time _____ Pager # _____