LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER - Shreveport, La.

BLOOD COMPONENT
ORDER FORM

Location____________________ Date____________ Time____________
Diagnosis__________________________

RATIONALE FOR ORDERING TRANSFUSION: Check all that apply

RED BLOOD CELLS ______ units Rate__________
--- Symptomatic anemia
--- Potential significant blood loss ______ Surgical ______ Other (specify)_________
--- Acute blood loss > 15% of blood volume
--- Hb ≤ 8 g/dL ______ Evidence of inadequate oxygen delivery

APHERESIS PLATELETS ______ units Rate__________
--- Platelet count < 10K/μl
--- Pre-op for invasive procedure and platelet count < 50K/μl
--- Pre-op for neurologic or eye surgery and platelet count < 80K/μl
--- Blood loss > 1 blood volume and bleeding
--- Bleeding, intraoperative and platelet count < 100K/μl or pending

FRESH FROZEN PLASMA ______ units Rate__________
--- PT > 20 sec; PTT > 53 sec
--- PT, PTT > 1.5 X normal; INR > 2.0
--- Clotting factor deficiency replacement
--- Thrombotic thrombocytopenic purpura (TTP)
--- Neurosurgery

CRYOPRECIPITATE ______ units Rate__________
--- Bleeding and fibrinogen < 100 mg/dL
--- von Willebrand’s disease

Indication ____________________________

FACTOR CONCENTRATES
--- Factor VIII deficiency
--- Factor IX deficiency
--- Factor VIII inhibitor
--- Massive operative or traumatic blood loss
--- Anti-thrombin III deficiency

Product ______
--- Factor VIII ______ I.U.
--- Factor IX ______ I.U.
--- r-Factor VIIIa ______ mg
--- r-Factor VIIIa ______ mg
--- AT III ______ I.U.
--- Other ______

Brand Name* ______
--- Novoseven
--- Novoseven
--- Thrombate

*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
--- 3/mL (<30mL) 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 #___________