



PHYSICIAN ORDER FOR BLOOD PRODUCTS:

Name: _____

D.O.B.: _____ MRN# _____

Room # _____ Surgery ED Cancer Center

Infusion Center Dialysis STL LTACH

(Patient Name/Sticker)

INDICATIONS: CHECK ALL THAT APPLY, at least one indication must be checked for each product ordered.

NOTE: These indications will be tracked and may be peer reviewed.

FRESH FROZEN PLASMA: Amount: _____ Units RNICU/Peds: _____ ml

A dose of 10-15 ml/kg is usually adequate to correct a coagulopathy.

Most recent coagulation studies: PT _____ INR _____ aPTT _____ Fibrinogen _____

INDICATIONS: MUST CHECK AT LEAST ONE BOX BELOW

Abnormal coagulation studies and significant hemorrhage

Emergent reversal of warfarin (Coumadin®)

Prophylactic use for PT and/or aPTT greater than 1.5 times mean of reference range

Other: _____ Reason: _____

PLATELETS: Amount: _____ single donor Pheresis Units RNICU/Peds: _____ ml

A single unit of platelets (adult: one apheresis unit equals 4-8 pooled concentrates; (pediatric dose 1 unit/10 kg) will increase the platelet count by 25,000-35,000/cc³.

SPECIAL NEEDS: Check each box below that applies (see information on reverse regarding special needs)

Leuko-Reduced

Irradiated

CMV Negative

HLA Matched

Donor Directed

Most recent platelet count _____ /cc³

INDICATIONS: MUST CHECK AT LEAST ONE BOX BELOW

Platelet count less than or equal to 10,000/cc³ prophylactically in a patient with failure in platelet production

Platelet count less than or equal to 20,000/cc³ and signs of hemorrhagic diathesis (petechiae, mucosal bleeding)

Platelet count less than or equal to 50,000/cc³ in a patient with (indicate below):

Active hemorrhage Invasive procedure (*recent, in-progress, planned*)

Platelet dysfunction as documented by: specify _____

Other: _____ Reason: _____

CRYOPRECIPITATE: Amount: _____ Units RNICU/Peds: _____ ml

One unit per 10 kg is usually adequate when cryoprecipitate is required.

Most recent coagulation studies: PT _____ INR _____ aPTT _____ Fibrinogen _____

INDICATIONS: MUST CHECK AT LEAST ONE BOX BELOW

Fibrinogen less than or equal to 100 mg/dl von Willebrand's Disease

Fibrinogen less than or equal to 150 mg/dl with active hemorrhage

Rh(D) IMMUNE GLOBULIN: # _____ VIALS (300 mcg per vial)

FAX COMPLETED ORDER TO BLOOD BANK # (517) 364-2362

Faxed by (initials) _____

Date: _____ Time: _____

Doctor X	Reg. No.	Date	Time
Noted by: X	R.N.	Date	Time