Porter HOSPITAL, INC.

115 Porter Drive
Middlebury, Vermont 05753

ADDRESSOGRAPH

BLOOD TRANSFUSION ORDER FORM

1. Date Ordered: ___/___/___ Diagnosis: _____
2. Date to be Transfused: ___/___/___ Time _____ Allergies: _____
3. Have patient sign informed consent for Administration of Blood Products Form
4. Order blood products

☐ Pre-filtered Leukoreduced RBC's _____# Units		Pre Trans PATIENT RESULTS HCT
	☐ 1. Hematocrit less than 21% in patient with stable volume and no medical complications	
	☐ 2. Hematocrit less than 25% in patient with stable volume and medical complications.	
	☐ COPD	
	☐ ASCVD with Angina	
	☐ Other - Specific _____	
	☐ 3. Falling hematocrit in a patient with unstable volume or ongoing blood loss.	
	☐ 4. Special circumstances - specify _____	
☐ Platelets _____# Doses (1 dose = 6 to 8 packs) (1 dose = 1 Plt. Pheresis) (1 dose = 1 leukoreduced Plt. Pheresis)		PLATELET COUNT
	☐ 1. Platelet count under 10,000	
	☐ 2. Bleeding with platelet count under 50,000	
	☐ 3. Operative bleeding with platelet count under 100,000	
	☐ 4. Bleeding with prolonged bleeding time (presumed qualitative platelet defect).	
	☐ 5. Massive blood transfusion (one blood volume exchange within 12 hours	
	☐ 6. Special circumstances - specify _____	
☐ Frozen Plasma _____# Units		PT PTT
	☐ 1. Replacement of isolated or multiple clotting factor deficiencies	
	☐ 2. Severe liver disease with patient actively bleeding or facing hemostatic challenge	
	☐ 3. Massive blood transfusion (one blood volume exchange within 12 hours)	
	☐ 4. Treatment of TTP	
	☐ 5. Emergent reversal of warfarin effect	
	☐ 6. Special circumstances - specify _____	
☐ Other	**For all patients receiving components:**	
	☐ Premedication 30" prior	
	☐ Acetaminophen 650 mg po	
	☐ Diphenhydramine _____ mg po	

☐ Patient may take own meds, diet and activity as usual during infusion.
☐ Discharge 30 minutes post transfusion with appropriate instructions.

Physician's Signature Date Time

BLOOD TRANSFUSION ORDER FORM

FORMS - TRANSFU
Original - 9/99
Revised - 11/99, 10/01, 1/02, 4/06

White Copy: Patient's Chart Yellow Copy: Laboratory