**MTP Case Worksheet**

Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MR#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight (kg)\_\_\_\_\_\_\_\_

ABO/Rh\_\_\_\_\_\_\_\_\_ Clinical Diagnosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tech\_\_\_\_\_\_\_\_\_\_\_\_\_

Time MTP Activated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TS Physician Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Contacted\_\_\_\_\_\_\_\_\_

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| Lab Accession # | Hgb/HCT | PLTC | PT/INR | PTT | FIB | ICA | K | Other test |  | Pack # | # RBC | # FFP | # Plts | # Cryo |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Review: Notes/Comments:

\_\_\_\_Met criteria for MTP

\_\_\_\_Appropriately followed

\_\_\_\_ FFP if PTT >50 sec, if PT >18 sec,

 if INR >1.5 and/or if >10 mLs per Kg transfused within 1 hour

\_\_\_\_ CRYO if fibrinogen <150 mg/dL Patient Outcome:

\_\_\_\_Plts if Plt count <100K

\_\_\_\_Well managed

 Follow-UP:

TS Medical Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TS Technical Specialist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_