



Quest Diagnostics Nichols Chantilly
At
Shady Grove Adventist Hospital and
Washington Adventist Hospital

BLOOD BANK STAFF MEETING

MINUTES

(05/06/2014)

PRESENT: 5.6.2014 @ 0640-0710 (WAH) STEPHANIE CODINA, MARY-DALE ABELLANO, VANESSA ROBINSON
 5.6.2014 @ 1500-1545 (WAH) STEPHANIE CODINA, TARA APPELBAUM, HABIBA LAKO
 5.7.2014 @ 0640-0725 (SGAH) STEPHANIE CODINA, YVONNE, NGWA, SHAKIMAH RODNEY, ANNE RIENKS, NAMRATA SHRESTHA
 5.7.2014 @ 1450-1530 (SGAH) STEPHANIE CODINA, MONA PATEL, GABRIEL NJIKA

DISTRIBUTION: BLOOD BANK STAFF MEMBERS

MEETING COMMENCED

Item	Discussion	Action	Follow-up
Minutes			
Competencies	All BB staff members should be done with MTS quizzes and competencies. Please get these in as soon as possible if you have not completed them.	None	None
Readback	Reviewed the readback process with staff. We are missing too many things on readback. When we have FDA-reportable events/RQIs it tends to be related to readback. A. The purpose of readback is to compare the blood bank product tag to the pick-up slip and blood product label to ensure we are giving the right product to the right patient. B. DO NOT use the pink form during readback. C. The BB staff member reads from the request form and blood product label while the pickup person reads from the blood bank product tag. D. YOU MUST READ ATTRIBUTES, BLOOD TYPE, PRODUCT REQUESTED, AND EXPIRATION DATE. Antigens/antibodies are read back as part of the attributes. These are the things we are missing.	None	None
History Check	Reviewed the history check process with staff. A. Many staff members missed the duplicate patient for the competency. The patients did not have SSN information, so we cannot link them. HOWEVER, that doesn't mean we ignore them. You MUST check the history for both patients. We also send to HIM so they can investigate patient identity. B. You must check for designated units EVERY time you do a history check. We check by first letter of last name. ACTIVELY review the patient's history. We viewed an example where the WAH and SGAH histories contradicted each other and the tech did not notice.	None	None

Item	Discussion	Action	Follow-up
Sunquest Validation	<p>The Sunquest validation is almost done. As soon as the validation is done, I will start working on procedure updates. I will put the MTS quizzes in as soon as the procedures are written. Please DO NOT take them until you have been trained.</p> <p>Some things to expect with the new system...</p> <ul style="list-style-type: none"> A. All information from units must be barcoded. If you type in barcode-readable information, Sunquest will not let you do anything with the unit. If a barcode is not readable, quarantine the unit until it can be fixed. DO NOT MAKE UP A CODE as it will affect billing, component prep, etc. Also, problems will not get fixed unless I am notified. B. We have turned blood label check on which means we won't have to do manual label checks anymore. C. We can no longer branch from BOP to BCP. You must prepare the product THEN allocate to the patient. This is because blood label check will take the product back to an unavailable status until complete. We should not branch from BOP to BCP anyway, because it sends a note to the nurse stating the blood products are ready when they are not. D. Aliquots will have A codes instead of E codes (this is for billing). E. We will prep HLA matched platelets from a C code to an E code. F. Auto/Directed units will convert to a special code when they are barcoded (we don't have to manually change this). G. As soon as we are live, we will work on getting rid of archived information. 	None	None
RhIG	<p>WAH pharmacy will take over RhIG on Wednesday, May 21....YEAH! Notification have been made, training has been performed, the hospital policy is updated.</p> <p>We will need to start faxing the fetal cell screens for WAH patients to pharmacy. They average 4 per month.</p>	None	None
Cardiac Surgery Platelet Protocol	<p>I met with Dr. Massimiano (cardiac surgery), Dr. Underwood (anesthesia), and Dr. Cacciabeve. We have defined a platelet protocol for WAH.</p> <ul style="list-style-type: none"> • We will maintain 2 platelets in house at all times for cardiac surgery patients. ALL staff members need to ensure this inventory is maintained and platelets are ordered in as soon as one goes out. • We will hold platelets for high risk cardiac surgery patients. <ul style="list-style-type: none"> ○ High risk is defined as those that have a known platelet defect (von Willibrands or anti-platelet medication), "redo" cases, and those with long bypass times. ○ Only the attending surgeon or anesthesiologist can designate a patient as high risk. ○ Notification will occur via a new communication order called "high risk cardiac surgery." They will enter the date on which platelets are needed and we will acknowledge to create a record of notification. ○ We will automatically allocate 2 platelets to the patients. ○ We must call OR before giving the platelets to other patients. <p>We will have our own procedure for this process as soon as the hospital protocol is finalized.</p>	None	None
ARC WAA's	<p>ARC is no longer calling warm autos for patient who have been transfused, because they don't do allogeneic adsorption. We will build a new Ab code for "panagglutinin in plasma."</p> <p>Please enter the following in the AbID when you see them from ARC:</p> <ul style="list-style-type: none"> • Panagglutinin in plasma (new code to come) • Panagglutinin in eluate (PEL) <p>DO NOT order an eluate and result the PEL.</p>	None	None

Item	Discussion	Action	Follow-up
Transfusion Order Forms	We reviewed transfusion order forms that were rejected by BB but should not have been. See attached.	None	None
IntelliQuest	Compliance training will be on IntelliQuest this year. Please log in and make sure you have access. Let me know ASAP if you don't have access. You don't want lack of access to prevent you from completing this requirement.	None	None
CMV-negative blood	We have worked really hard to manage CMV-negative blood use. Usage has decreased dramatically, but the inventory has not. This indicates BB staff members are ordering too much into inventory. We should not keep more than 2 O's and 2A's in house unless we have a user. This excludes neonatal units which are on standing order.	None	None
Cord Holds	<p>Question was posed about how to hand CHOLD specimens when the infant has a TSNEO from NICU.</p> <p>The purpose of the CHOLD is to document receipt of the sample in the event of a code pink. We should still receive the sample and indicate no testing is required. We can add a comment that a TSNEO or other test has been performed.</p> <p>If we have CHOLD samples that sit for more than one shift, please check to see if other BB testing was performed and follow the procedure above. If we don't have other testing, call the patient care area and ask the RN to order the CHOLD. The order should automatically appear when the baby is admitted, but the nurse can manually de-select the test.</p>	None	None
Meeting adjourned			
Next meeting week of June 1, 2014			

Stephanie Codina
Recorder

Rh Immune Globulin (RhIG)

S	Situation	<ul style="list-style-type: none"> • Effective May 21, 2014 Blood Bank will no longer dispense Rh Immune Globulin (RhIG) . • Pharmacy will start dispensing Rh Immune Globulin (RhIG) to prevent Rh alloimmunization in Rh-negative individuals exposed to Rh-positive cells.
B	Background	<p>Transfusion and P&T Committees decided that pharmacy would take over dispensing RhIG to help standardize the administration process for all manufactured blood products.</p> <p>Benefits of the change include:</p> <ul style="list-style-type: none"> • Standard administration documentation on the Medication Administration Record • RhIG will be stocked in the pyxis machines in ED, 3100, and Infusion Center
A	Assessment	<ul style="list-style-type: none"> • A physician will write an order for RhIG administration. • Dosage will be determined based on fetal cell screen or Kleihauer-Betke test results with the following exceptions: <ul style="list-style-type: none"> ○ Pregnant women who are <20 weeks gestation will always receive 1 vial of RhIG. ○ Pregnant women receiving the 28-week prophylactic dose will always receive 1 vial of RhIG. ○ The laboratory will call the nursing unit if test results suggest more than 1 vial of RhIG should be administered to the patient. ○ The RN will contact the MD/LIP to obtain the order for the correct dose vial(s). • The RN will verify that consent (Blood & Blood Products consent form) was obtained or obtain the consent, good for the entire hospitalization for the Rh Immune Globulin (RhIG) injection prior to administration. <ul style="list-style-type: none"> ○ If the patient has signed the Consent for Operative, other Invasive & Non Invasive Procedures for surgical or obstetric procedure they will not need an additional consent form unless after post operative day #3. • RhIG needs to be administered as per MD order as soon as possible after dispensing from pharmacy or the Pyxis. • Observe the patient for 20 minutes for any reaction. • Complete identification card and give to the patient to validate they have received RhIG injection. • Outpatient (Women's Center) RhIG injections will be administered in the Infusion Center. <ul style="list-style-type: none"> ○ The ordering location will fax/send an order for RhIG administration and recipient consent to the Infusion Center prior to administration.
R	Recommendation	<p>The blood bank will continue to monitor this process and will notify the patient care area if a potential RhIG candidate has not received the proper dose of RhIG.</p>

Blood Bank Administrative Data Inquiry
 377079
 ABD/Rh: O POS RC Units Transf: 8 Last Transf: 01/12/2014 DOB: 04/14/1930 (83Y) Sex: M MID: SGA-

Blood Bank Inquiry | Linked Patient Data | Merged Patient Data | Archived Patient Data

Administrative Data
 Current | Show All | Blood Type | Antigen/Antibody | Problems | Comments | Transfusion Attributes

Date	Qty	Red Cells	Transfused	Comments	ABO/Rh	Code	Disposition
01/10/2014	0306	268	ABR	F12450	O-POS	O	O
01/09/2014	1806	276	ABR	H25809	O-POS	POS	Pos
03/05/2011	1243	560	ABR	S1439	O-POS	O	O
08/24/2010	1307	227	ABR	T49037	O-POS	POS	Pos
10/30/2005	0343	254			O-POS	O	O

Antigen/Antibody Problems

Date	Qty	Red Cells	Comments	Code	Disposition
01/14/2014	0822	129	Allergic transfusion reaction interpreted by Dr Dickey 01102014		
04/01/2009	1501	206	.TRANSFUSE C NEG UNITS CANT RULE OUT BIG C		

Transfusion Attributes

↑ WAH Hx says
 give C = ; cannot
 R/O xC

SG Hx says
 C+

↓

Blood Bank Administrative Data Entry
 377079
 ABD/Rh: O POS RC Units Transf: 8 Last Transf: 01/12/2014 DOB: 04

Blood Bank Data | Linked Patient Data | Merged Patient Data | Archived Patient Data

Arch Date	Name	Patient ID	HID	Date of Birth	Sex	ABO/Rh	Antigens/Antibodies
01/12/2014	WILLIAM, CHARLES W	724294	WASH	04/14/1930	M	O-POS	ASAB EB00

ABO	O -	O
Rh	POS -	Pos
Red Cell Units Transfused	2	
Date Last Transfused	02/18/2011	
Antigens/Antibodies	ASAB -	No significant antibodies found
	PBGC -	C Pos
Problems		
Comments		
Transfusion Attributes		

Cancel | Exit | Help

Fax completed form to blood bank at x5864

PHYSICIAN ORDERS

Indications for Transfusion: (Must be completed)

Red Blood Cells:

_____ units

Pre-transfusion Hb _____

Date _____

Patient has sickle cell disease (not trait)

- Hb < 7
- Hb > 7 and < 10 with symptoms* or risk** (indicate below)
- Acute hemorrhage with blood loss > 750 cc (or > 10cc/kg)
- Peri-operative with anticipated blood loss > 500 cc
- Hb > 10 with active bleeding
- Hb > 10 in the absence of active bleeding after consultation with the pathologist.
- Contacted Dr. _____ on _____ (date) at _____ (time)

Signs or Symptoms

Increased risk

- Postural hypotension
- Tachycardia
- Transient ischemic attack
- Altered mental status
- Signs of shock
- Dyspnea
- Syncope
- Angina
- Myocardial ischemia/CAD
- Hemoglobinopathy
- Valvular heart disease
- Respiratory failure
- Congenital heart disease
- CHF
- COPD
- Sepsis
- Cerebral ischemia/TIA/Stroke

Platelets Maximum of 1 per order (1 unit = 1 adult dose)

2 units

Pre-transfusion Plt. Count 6

Date 7/13/14

- Plt ct < 15,000/ μ L with or without active bleeding
- Plt ct < 50,000/ μ L with active bleeding
- Plt ct < 100,000/ μ L in patient undergoing invasive procedure or massive transfusion
- Evidence of platelet dysfunction with: _____ active bleeding or _____ pre-op
- Massive Transfusion (> 10 units pRBCs/24 hours or > 30cc/kg loss)
- Acute hemorrhage with > 3 liters volume replacement or > 40cc/kg loss
- S/P open heart surgery or acute dialysis
- In the absence of any of the above indications following consultation with the pathologist.
- Contacted Dr. _____ on _____ (date) at _____ (time)

Plasma Maximum of 2 pt units

Pre-Transfusion INR _____

PTT _____

Date _____

mL for plasma apheresis pr _____

Plt ct of 6

< 15 K

- INR > 1.5 or PTT > 55 sec
- Fibrinogen < 1.0 g/L or Fibrinolytic activity (INR > 1.5 or PTT > 55 sec) deficiency (TTP)
- > 30cc/kg volume replacement
- In the absence of any of the above indications following consultation with the pathologist.
- _____ on _____ (date) at _____ (time)

Cryoprecipitate _____ units (1 adult dose = 1)

Pre-transfusion fibrinogen _____

we prophylactically

give plts @ 15K

Special Transfusion Attributes (Attribute(s) Requested: _____)

Indication: _____

Medications with Transfusions:

Diphenhydramine (Ben-dryl) _____

Acetaminophen (Tylenol) _____

Furosemide (Lasix) _____

Infusion of medications through the same line as the blood product is prohibited.

Telephone order from Dr. Khindrew MD / NP / PA _____ Date _____ Time _____ RBVC

Provider Signature _____ ID# _____ Date _____ Time _____

Nurse Signature [Signature] Date 7/14/14 Time 06:10 USC Signature _____ Date _____ Time _____



S7030171

TRANSFUSION ORDERS

7030-171 (02/13)

CHART COPY

Fax completed form to blood bank at x5864

PHYSICIAN ORDERS		Indications for Transfusion: (Must be completed)	
Red Blood Cells: _____ units Pre-transfusion Hb <u>8.2</u> Date <u>01-09-14</u> <input type="checkbox"/> Patient has sickle cell disease (not trait)		<input type="checkbox"/> Hb < 7 <input type="checkbox"/> Hb > 7 and < 10 with symptoms* or risk** (indicate below) <input checked="" type="checkbox"/> Acute hemorrhage with blood loss > 750 cc (or > 10cc/kg) <input type="checkbox"/> Peri-operative with anticipated blood loss > 500 cc <input type="checkbox"/> Hb > 10 with active bleeding <input type="checkbox"/> Hb > 10 in the absence of active bleeding after consultation with the pathologist. Contacted Dr. _____ on _____ (date) at _____ (time)	
Platelets Maximum of 1 _____ order (1 unit = 1 adult dose) _____ units Pre-transfusion Plt. Count _____ Date _____		Signs or Symptoms <input type="checkbox"/> Postural hypotension <input type="checkbox"/> Tachycardia <input type="checkbox"/> Transient Ischemic attack <input type="checkbox"/> Altered mental status <input type="checkbox"/> Signs of shock <input type="checkbox"/> Dyspnea <input type="checkbox"/> Syncope <input type="checkbox"/> Angina	
Plasma Maximum of 2 _____ units Pre-Transfusion INR _____ PTT _____ Date _____ mL for plasma apheresis		Increased risk <input type="checkbox"/> Myocardial ischemia/CAD <input type="checkbox"/> Hemoglobinopathy <input type="checkbox"/> Valvular heart disease <input type="checkbox"/> Respiratory failure <input type="checkbox"/> Congenital heart disease <input type="checkbox"/> CHF <input type="checkbox"/> COPD <input type="checkbox"/> Sepsis <input type="checkbox"/> Cerebral ischemia/TIA/Stroke	
Cryoprecipitate _____ units (1 adult dose = _____) Pre-transfusion fibrinogen _____		active bleeding ing ing invasive procedure or massive transfusion 1: _____ active bleeding or _____ pre-op BCs/24 hours or > 30cc/kg loss lume replacement or > 40cc/kg loss ysis ations following consultation with the pathologist. _____ on _____ (date) at _____ (time)	
Special Transfusion Attributes (CMV, Irradiated, HLA-matched, etc.) Attribute(s) Requested: _____ Indication: _____			
Medications with Transfusions: <input type="checkbox"/> Diphenhydramine (Benadryl) _____ mg IV / PO (circle one) once pre-transfusion <input type="checkbox"/> Acetaminophen (Tylenol) _____ mg PO / PR (circle one) once pre-transfusion <input type="checkbox"/> Furosemide (Lasix) _____ mg IV / PO (circle one) Infusion of medications through the same line as the blood product is prohibited.			
<input type="checkbox"/> Telephone order from _____ MD / NP / PA Provider Signature <u>Melan</u> (circle one) ID# <u>64428</u> Nurse Signature _____ Date _____ Time _____		Date _____ Time _____ <input type="checkbox"/> RBVC Date <u>01-09-14</u> Time <u>14:05</u>	

Signs, symptoms, & risk are not required when pt is actively bleeding.



S7030171

TRANSFUSION ORDERS

7030-171 (02/13)

Fax completed form to blood bank at x5864

PHYSICIAN ORDERS	Indications for Transfusion: (Must be completed)
<p>Red Blood Cells:</p> <p>_____ units</p> <p>Pre-transfusion Hb _____</p> <p>Date _____</p> <p><input type="checkbox"/> Patient has sickle cell disease (not trait)</p>	<p>Hb < 7</p> <p>Hb > 7 and < 10 with symptoms* or risk** (indicate below)</p> <p>Acute hemorrhage with blood loss > 750 cc (or > 10cc/kg)</p> <p>Per-operative with anticipated blood loss > 500 cc</p> <p>Hb > 10 with active bleeding</p> <p>Hb > 10 in the absence of active bleeding after consultation with the pathologist.</p> <p>Contacted Dr. _____ on _____ (date) at _____ (time)</p> <p>Signs or Symptoms</p> <p>Postural hypotension</p> <p>Tachycardia</p> <p>Transient ischemic attack</p> <p>Altered mental status</p> <p>Signs of shock</p> <p>Dyspnea</p> <p>Syncope</p> <p>Angina</p> <p>Increased risk</p> <p>Myocardial ischemia/CAD</p> <p>Hemoglobinopathy</p> <p>Valvular heart disease</p> <p>Respiratory failure</p> <p>Congenital heart disease</p> <p>CHF</p> <p>COPD</p> <p>Sepsis</p> <p>Cerebral ischemia/TIA/Stroke</p>
<p>Platelets Maximum of 1 per order (1 unit = 1 adult dose)</p> <p>_____ units</p> <p>Pre-transfusion Plt. Count <u>160</u></p> <p>Date <u>1/07/14</u></p> <p><i>Per MD order Pt on Plavix and having invasive procedure</i></p>	<p>Plt ct < 15,000/μL with or without active bleeding</p> <p>Plt ct < 50,000/μL with active bleeding</p> <p>Plt ct < 100,000/μL in patient undergoing invasive procedure or massive transfusion</p> <p>Evidence of platelet dysfunction with: _____ active bleeding or _____ pre-op</p> <p>Massive Transfusion (> 10 units pRBCs/24 hours or > 30cc/kg loss)</p> <p>Acute hemorrhage with > 3 liters volume replacement or > 40cc/kg loss</p> <p>S/P open heart surgery or acute dialysis</p> <p>In the absence of any of the above indications following consultation with the pathologist.</p> <p>Contacted Dr. _____ on _____ (date) at _____ (time)</p>
<p>Plasma Maximum of 2 per order</p> <p>_____ units</p> <p>Pre-Transfusion INR _____</p> <p>P.T.T. _____</p> <p>Date _____</p> <p>_____ mL for plasma apheresis proced</p>	<p>5 or PTT > 55 sec)</p> <p>opathy (INR > 1.5 or PTT > 55.sec)</p> <p>clency</p> <p>)</p> <p>volume replacement:</p> <p>llowing consultation with the pathologist.</p> <p>_____ (date) at _____ (time)</p>
<p>Cryoprecipitate</p> <p>_____ units (1 adult dose = 10 un</p> <p>Pre-transfusion fibrinogen _____</p>	<p><i>"Evidence of Plt Dysfunction w/ pre-op" That is reason.</i></p>
<p>Special Transfusion Attributes (CM)</p> <p>Attribute(s) Requested: _____</p> <p>Indication: _____</p>	<p><i>"Pt on plavix w/ invasive procedure" is the same as</i></p>
<p>Medications with Transfusions:</p> <p><input type="checkbox"/> Diphenhydramine (Benadryl) _____</p> <p><input type="checkbox"/> Acetaminophen (Tylenol) _____</p> <p><input type="checkbox"/> Furosemide (Lasix) _____ mg</p> <p>Infusion of medications through the same line as the blood product is prohibited.</p>	<p><i>Order on chart</i></p>
<p><input type="checkbox"/> Telephone order from _____</p> <p>Provider Signature _____ Date <u>1/3/14</u> Time <u>0230</u></p> <p>Nurse Signature _____ Date _____ Time _____</p>	<p>MD <u>N. N. P.</u> <u>32 Nef PRC</u> Date <u>1/2/14</u> Time <u>2010</u> <input type="checkbox"/> RBVC</p> <p>ID# _____ Date _____ Time _____</p> <p>USG Signature _____ Date _____ Time _____</p>



S7030171

TRANSFUSION ORDERS

7030-171 (02/13)

ATS1
OT

Fax completed form to blood bank at x5864

PHYSICIAN ORDERS		Indications for Transfusion: (Must be completed)	
Red Blood Cells: _____ units Pre-transfusion Hb _____ Date _____/_____/_____ <input type="checkbox"/> Patient has sickle cell disease (not trait)		<input type="checkbox"/> Hb < 7 <input type="checkbox"/> Hb > 7 and < 10 with symptoms* or risk** (indicate below) <input type="checkbox"/> Acute hemorrhage with blood loss > 750 cc (or > 100cc/kg) <input type="checkbox"/> Peri-operative with anticipated blood loss > 500 cc <input type="checkbox"/> Hb > 10 with active bleeding <input type="checkbox"/> Hb > 10 in the absence of active bleeding after consultation with the pathologist. Contacted Dr. _____ on _____ (date) at _____ (time)	
Platelets Maximum of _____ units (1 unit = 1 adult dose) Pre-transfusion Plt. Count _____ Date _____		Signs or Symptoms <input type="checkbox"/> Postural hypotension <input checked="" type="checkbox"/> Tachycardia <input type="checkbox"/> Transient ischemic attack <input type="checkbox"/> Altered mental status <input type="checkbox"/> Signs of shock <input type="checkbox"/> Dyspnea <input type="checkbox"/> Syncope <input type="checkbox"/> Angina	
Plasma Maximum of _____ units Pre-Transfusion INR _____ PTT _____ Date _____ mL for plasma apheresis _____		Increased risk <input type="checkbox"/> Myocardial ischemia/CAD <input type="checkbox"/> Hemoglobinopathy <input type="checkbox"/> Valvular heart disease <input type="checkbox"/> Respiratory failure <input type="checkbox"/> Congenital heart disease <input type="checkbox"/> CHF <input type="checkbox"/> COPD <input type="checkbox"/> Sepsis <input type="checkbox"/> Cerebral ischemia/Stroke	
Cryoprecipitate _____ units (1 adult dose) Pre-transfusion fibrinogen _____		<input type="checkbox"/> active bleeding <input type="checkbox"/> pending <input type="checkbox"/> pending invasive procedure or massive transfusion <input type="checkbox"/> pending: _____ active bleeding or _____ pre-op <input type="checkbox"/> pending: _____ RBCs/24 hours or > 30cc/kg loss <input type="checkbox"/> pending: _____ volume replacement or > 40cc/kg loss <input type="checkbox"/> pending: _____ dialysis <input type="checkbox"/> pending: _____ indications following consultation with the pathologist. on _____ (date) at _____ (time)	
Special Transfusion Attributes (CMV, irradiated, HLA-matched, etc.) Attribute(s) Requested: _____ Indication: _____			
Medications with Transfusions: <input checked="" type="checkbox"/> Diphenhydramine (Benadryl) _____ mg IV / PO (circle one) once pre-transfusion <input type="checkbox"/> Acetaminophen (Tylenol) _____ mg PO / PR (circle one) once pre-transfusion <input type="checkbox"/> Furosemide (Lasix) _____ mg IV / PO (circle one) Infusion of medications through the same line as the blood product is prohibited.			
<input type="checkbox"/> Telephone order from _____ Provider Signature _____ MD / NP / PA _____ Date _____ Time _____ <input type="checkbox"/> RBVC (circle one) ID# 74336 Date 12/23/13 Time 12:40 pm Nurse Signature _____ Date _____ Time _____ USC Signature _____			

Hgb btw 7+10
w/ tachycardia

They don't have
to check the box

SEARCHED



97030171

TRANSFUSION ORDERS

7030-171 (02/13)

NEED TO S

Fax completed form to blood bank at x5864

PHYSICIAN ORDERS		Indications for Transfusion: (Must be completed)	
Red Blood Cells: <u>A</u> units Pre-transfusion Hb <u>8.7</u> Date <u>12/20/13</u> <input type="checkbox"/> Patient has sickle cell disease (not trait)		<input type="checkbox"/> Hb < 7 <input type="checkbox"/> Hb > 7 and < 10 with symptoms* or risk** (Indicate below) <input type="checkbox"/> Acute hemorrhage with blood loss > 750 cc (or > 10cc/kg) <input type="checkbox"/> Peri-operative with anticipated blood loss > 500 cc <input type="checkbox"/> Hb > 10 with active bleeding <input type="checkbox"/> Hb > 10 in the absence of active bleeding after consultation with the pathologist Contacted Dr. _____ on _____ (date) at _____ (time)	
<input checked="" type="checkbox"/> Postural hypotension <input checked="" type="checkbox"/> Tachycardia <input type="checkbox"/> Transient ischemic attack <input type="checkbox"/> Altered mental status <input type="checkbox"/> Signs of shock		Increased risk <input type="checkbox"/> Myocardial ischemia/CAD <input type="checkbox"/> Hemoglobinopathy <input type="checkbox"/> Valvular heart disease <input type="checkbox"/> Respiratory failure <input type="checkbox"/> Congenital heart disease <input type="checkbox"/> CHF <input type="checkbox"/> COPD <input type="checkbox"/> Sepsis <input type="checkbox"/> Cerebral ischemia/TIA/Stroke	
Platelets Maximum of 1 (1 unit = 1 adult dose) units Pre-transfusion Plt. Count _____ Date _____		tive bleeding g g invasive procedure or massive transfusion active bleeding or pre-op ICs/24 hours or > 30cc/kg loss) rme replacement or > 40cc/kg loss sis tions following consultation with the pathologist. on _____ (date) at _____ (time)	
Plasma Maximum of 2 p units Pre-Transfusion INR _____ PTT _____ Date _____ mL for plasma apheresis pr		R > 1.5 or PTT > 55 sec) agulopathy (INR > 1.5 or PTT > 55 sec) / deficiency (TTP) c/Kg volume replacement ons following consultation with the pathologist on _____ (date) at _____ (time)	
Cryoprecipitate units (1 adult dose = 10 units) Pre-transfusion fibrinogen _____		<input type="checkbox"/> Hypofibrinogenemia or dysfibrinogenemia <input type="checkbox"/> Massive Transfusion	
Special Transfusion Attributes (CMV, Irradiated, HLA-matched, etc.) Attribute(s) Requested: _____ Indication: _____			
Medications with Transfusions: <input type="checkbox"/> Diphenhydramine (Benadryl) _____ mg IV / PO (circle one) once pre-transfusion <input type="checkbox"/> Acetaminophen (Tylenol) _____ mg PO / PR (circle one) once pre-transfusion <input checked="" type="checkbox"/> Furosemide (Lasix) <u>30</u> mg IV / PO (circle one) <u>before Transfusion</u> Infusion of medications through the same line as the blood product is prohibited.			
<input checked="" type="checkbox"/> Telephone order from <u>D. Motas</u> MD / NP / PA _____ Date _____ Time _____ <input checked="" type="checkbox"/> RBVC Provider Signature <u>T. Motas</u> ID# _____ Date <u>12/20/13</u> Time _____ Nurse Signature <u>Fluor</u> RN Date <u>12/20/13</u> Time <u>10:20</u> USC Signature _____ Date _____ Time _____			

Same as prev. example



57030171

TRANSFUSION ORDERS

7030-171 (02/13)

CHART COPY

Patient Identification

asked Stacy McDowd for indications for TX ASD

Fax completed form to blood bank at x5864

12-11-13

2205

PHYSICIAN ORDERS	Indications for Transfusion: (Must be completed)
Red Blood Cells: <u>2</u> units Pre-transfusion Hb <u>6.6</u> Date <u>12/11</u> <input type="checkbox"/> Patient has sickle cell (not trait)	<input type="checkbox"/> Hb < 7 <input type="checkbox"/> Hb > 7 and < 10 with symptoms* or risk** (indicate below) <input type="checkbox"/> Acute hemorrhage with blood loss > 750 cc (or > 10 cc/kg) <input type="checkbox"/> Peri-operative with anticipated blood loss > 500 cc <input type="checkbox"/> Hb > 10 with active bleeding <input type="checkbox"/> Hb > 10 in the absence of active bleeding after consultation with the pathologist. Contacted Dr. _____ on _____ (date) at _____ (time) Signs or Symptoms _____ Increased risk _____ <input type="checkbox"/> Myocardial Ischemia/CAD <input type="checkbox"/> Hemoglobinopathy <input type="checkbox"/> Valvular heart disease <input type="checkbox"/> Respiratory failure <input type="checkbox"/> Congenital heart disease <input type="checkbox"/> CHF <input type="checkbox"/> COPD <input type="checkbox"/> Sepsis <input type="checkbox"/> Cerebral Ischemia/TIA/Stroke
Platelets Maximum (1 unit = 1 adult dose) _____ units Pre-transfusion Plt. Cc _____ Dr. _____	<input type="checkbox"/> without active bleeding <input type="checkbox"/> active bleeding <input type="checkbox"/> undergoing invasive procedure or massive transfusion with: _____ active bleeding or _____ pre-op units pRBCs/24 hours or > 30cc/kg loss <input type="checkbox"/> liters volume replacement or > 40cc/kg loss <input type="checkbox"/> acute dialysis <input type="checkbox"/> above indications following consultation with the pathologist. Contacted Dr. _____ on _____ (date) at _____ (time)
Plasma Maximum _____ units Pre-Transfusion INR _____ PTT _____ Date _____ ml: for plasma apheresis procedure	<input type="checkbox"/> Replacement of factor V due to factor V deficiency <input type="checkbox"/> Thrombotic thrombocytopenic purpura (TTP) <input type="checkbox"/> Therapeutic apheresis procedure <input type="checkbox"/> Acute hemorrhage with > 3L or > 40 cc/Kg volume replacement <input type="checkbox"/> In the absence of any of the above indications following consultation with the pathologist. Contacted Dr. _____ on _____ (date) at _____ (time)
Cryoprecipitate _____ units (1 adult dose = 10 units) Pre-transfusion fibrinogen _____	<input type="checkbox"/> Hypofibrinogenemia or dysfibrinogenemia <input type="checkbox"/> Massive Transfusion

Hgb < 7 - we prophyl. transfuse w/ Hgb < 7

Special Transfusion Attributes (CMV, Irradiated, HLA-matched, etc.) Attribute(s) Requested: _____ Indication: _____

Medications with Transfusions:
 Diphenhydramine (Benadryl) _____ mg IV / PO (circle one) once pre-transfusion
 Acetaminophen (Tylenol) _____ mg PO / PR (circle one) once pre-transfusion
 Furosemide (Lasix) _____ mg IV / PO (circle one)
 Infusion of medications through the same line as the blood product is prohibited.

Telephone order from _____ MD / NP / PA _____ 60122 Date 12/11 Time 21:50 RBVC
 Provider Signature _____ ID# _____ Date _____ Time _____
 Nurse Signature _____ Date _____ Time _____ USC Signature _____ Date _____ Time _____



TRANSFUSION ORDERS 7030-171 (02/13)