COVID-19 Convalescent Plasma Order Form

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| **Completed by Transfusion** | Patient Location: | Patient Name/Medical Record Number(Epic Label)  |
| Order Date: | Order Time: |
| Ordering Physician: |
| **Completed by Ordering Provider** | Eligibility Criteria:□ Laboratory Confirmed COVID-19Check the box(s) that represents patient symptoms.  |
| □ **Severe disease** Defined as any of the following: * Dyspnea
* Respiratory frequency ≥ 30/min
* Blood oxygen saturation ≤ 93%
* Partial pressure of arterial oxygen to fraction of inspired oxygen ratio <300, and/or lung infiltrates > 50% within 24 to 48 hours
 | □ **Life-Threating disease**Defined as any of the following:* Respiratory failure,
* Septic shock, and/or
* Multiple organ dysfunction or failure

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| Mayo Clinical Extended Access Program Patient Identification # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Return Form to Transfusion Services.** |
| **Completed by Transfusion** | Completed Consent confirmed by one of the following:□ Verified in Epic Media □ Hard copy obtain from the floor(attach copy to form)Confirmed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Ordered from VitalantUnit Issued Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Paperwork□ Scanned into EPIC□ Scanned and emailed to Stacy RalstonCompleted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |