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-19  Check 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 |
| 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 Vitalant  Unit Issued Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Paperwork  □ Scanned into EPIC  □ Scanned and emailed to Stacy Ralston  Completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |