|  |  |  |
| --- | --- | --- |
| SERVICE | ATTENDING | RESIDENT/ARNP/PA |

|  |  |  |
| --- | --- | --- |
| **INFORMED CONSENT:** | * Signed by patient and/or patient’s representative
 | * Patient unable to provide consent
 |

**COMPATIBILITY TESTING & BLOOD COMPONENT(S) REQUEST**

To order blood tests performed by Transfusion Services Lab (TSL) and/or request for blood components, complete (or have RN complete) form **HMC2596**, **Transfusion Services Testing & Blood Product Request**.

* Send Type & Screen if patient does not have a valid sample. (TSL may require additional blood sample to complete testing).

|  |  |
| --- | --- |
| **INDICATION FOR TRANSFUSION:** |  |

|  |  |  |
| --- | --- | --- |
| **BLOOD COMPONENT(S) TO TRANSFUSE** | **DATE & TIME TO TRANSFUSE:** |  |
|  |  |  |  |  |  |
| ***Blood Component(s) & Dose to Transfuse*** |  | ***Transfuse Each Over*****(Not to exceed 4 hours)** |  |  | ***Other Instructions or Comments*****(e.g., use fluid warmer)** |
| * Red Blood Cells
 |  | * Units
 | * mL
 |  |  |  |  |  |
|  |  |  |  |  |  |
| * Plasma
 |  | * Units
 | * mL
 |  |  |  |  |  |
|  |  |  |  |  |  |
| * Platelets
 |  | * Units
 | * mL
 |  |  |  |  |  |
|  |  |  |  |  |  |
| * Cryoprecipitate
 |  | * Units
 | * mL
 |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| ***Required Blood Component Attributes (Modifications):*** |
| * Leukoreduced/CMV Safe
 | * Irradiated
 | * Other:
 |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **MEDICATIONS:** (Fax to Pharmacy) |  | **ADDITIONAL INSTRUCTIONS:** |
| *Pre-Transfusion:* |  | * Transfuse per Nursing Procedure
 |
|  |  | * Use dedicated IV to transfuse blood
 |
|  |  | * Obtain and document vital signs:
 |
|  |  | * + Within 15-minutes before transfusion
 |
| *Other/PRN:* |  | * + 15-minutes after transfusion started
 |
|  |  | * + At the end of the transfusion
 |
|  |  | * + As clinically needed
 |
|  |  | * Monitor patient every 30-minutes, and document absence or presence of transfusion reaction
 |
|  |  |
| **LABS:** |  | * If transfusion reaction is suspected, stop transfusion, call TSL at 744-3088, and initiate work-up
 |
|  |  |
|  |  | * Other:
 |  |
|  |  |  |  |

**OUTPATIENT SETTING**

* Discontinue IV, review signs and symptoms of transfusion reactions as part of discharge instructions, and discharge patient home after transfusion.