

Indiana University Health

Order Request

Patient Information **Name: Britt, Anastasia** **MRN: 78444810**

Patient: Britt, Anastasia
MRN: 78444810
FIN: 001076931581
DOB: 11/13/15

Location: Infusion Center RI/Infusion 14/
Attending MD:
Admit Date: 08/18/23 08:34:00

Age: 7 years
Sex: Female
LOS: 1 Days

Allergies: acetaminophen-hydrocodone

Acct Type: Outpatient
Medical Service: Pediatric Hematology-Oncology
Primary Diagnosis: PRCB

Height: 125.7 cm
Weight: 25.45 kg

Order Details: Packed Red Blood Cells Leukoreduced CMV Safe **Order Status: Voided**

RBCS REQUESTED: PACKED CELLS
NUMBER OF UNITS: 1
SPECIFIC VOLUME: 140ML
Order ID: 33322935857.00
Accession:
Date to be Given: 08/18/23 10:17:00 EDT
Clinical Indication: Exchange Transfusion
Special Instructions: Infuse 140mL over ~1.5 hours

Blood Bank Information

BLOOD TYPE: O POS
**TRANSFUSION REQUIREMENTS: E ANTIGEN NEGATIVE
K NEG**
ANTIBODIES: SICKLE CELL PT

Blood Bank Comments: >> JUN/15/23 14:20:00 AHICKSON1 Was sent partial phenotype from Vanderbilt University Medical center. >> JUN/15/23 11:46:00 AHICKSON1 BioArray typing in progress. Transfuse E, K HgbS neg units

Ordering Physician: Kaericher, Jennifer M, NP
Order Type: Written
Order Entered By: Kaericher, Jennifer M, NP

Order Dt/Tm: 08/18/23 10:16:09
Location Phone: 944-2143