

DATE:

1/28/13

TIME:

1:00

PHYSICIAN ORDERS

DIAGNOSIS:

Anemia

Special Transfusion Attributes:

Irradiated Products

CMV-Seronegative Products

Other: _____

Patient Has Sickle Cell Anemia

Patient Has Had Previous

Transfusion Reactions

Red Blood Cells:

1 units

Pre-transfusion Hb

6.9

1 u. on 1/30

Hct

22.7

Date

1/28/13

Platelets (1 unit = 1 dose)

1 units

for 1/29/12

Pre-transfusion Plt. Count

10

1 SDP on

Date

1/28/13

1/30

Plasma

Indications for

Blood Bank Armband #

R

Component:

RBC

PLT

Plasma

OTHER

Patient's hospital armband verified

IV access verified

Vital signs taken

(signature confirms review of worksheet sent form is complete, and verified)