

ALLERGY  NO  YES WT. \_\_\_\_\_ (kg) HT. \_\_\_\_\_  
IF YES, PLEASE STATE \_\_\_\_\_

**ADULT BLOOD / BLOOD PRODUCT INFUSION PROTOCOL ORDER**  
**(BLOOD PRODUCT REVIEW WILL BE PREFORMED UNLESS EXCLUSION CRITERIA MET AS PER LIST ON REVERSE SIDE)**

1. **Transfusion consent signed**  Yes  No  Completed previously

2. **Reason for Transfusion (See reverse side for indications)**

<input type="checkbox"/> Acute Blood Loss Anemia (hgb <10)	<input type="checkbox"/> Thrombocytopenia
<input type="checkbox"/> Post/Peri Operative Bleeding (hgb <10)	<input type="checkbox"/> Known factor deficiency (VII, XII, vWF,
<input type="checkbox"/> Chronic Blood Loss Anemia (hgb <8 or symptomatic anemia)	<input type="checkbox"/> Fibrinogen <150
<input type="checkbox"/> Hypotension	<input type="checkbox"/> PT (INR) PTT >1.5 x normal
<input type="checkbox"/> To increase O <sub>2</sub> carrying capacity	

Describe other reasons not listed above \_\_\_\_\_

3. **Special Instructions:**  
Crossmatch \_\_\_\_\_ (# units) of PRBC's  
**Transfuse the following blood product(s):**  
**Note: Prestorage leukoreduced blood products are considered "CMV safe";  
CMV negative products are individually tested for CMV by the donor center.**

<b>RBC</b>	Leukoreduced Packed Cells, transfuse _____ unit(s)
	Irradiated, leukoreduced packed cells, transfuse _____ unit(s)
	*Autologous red cells, transfuse _____ unit(s)
	**CMV tested negative, leukoreduced packed cells, transfuse _____ unit(s)
	**Irradiated & CMV negative leukoreduced packed cells, transfuse _____ unit(s)
<b>PLATELETS</b>	Pheresed, leukoreduced platelets, transfuse _____ unit(s) (1 unit = 6-8 pooled random donor platelets)
	Irradiated, leukoreduced pheresis platelets, transfuse _____ unit(s)
	**CMV tested negative, leukoreduced pheresed platelets, transfuse _____ unit(s)
	**CMV tested negative & irradiated, leukoreduced pheresed platelets, transfuse _____ unit(s)
	**Pooled, random donor leukoreduced platelets, transfuse _____ unit(s)
<b>PLASMA</b>	Frozen plasma, transfuse _____ unit(s)
	Cryoprecipitate, transfuse _____ unit(s)
	**Granulocytes, transfuse _____ unit(s)
	**Other product (e.g.: IVIG) _____, transfuse _____ (amount)

\*Available if preoperative self-donated product has been received  
\*\* Product not routinely available and may result in transfusion delay necessitated by product shipment

**Rate of infusion** \_\_\_\_\_  
(individual units or containers must not exceed 4 hours infusion time)

4. **Post transfusion lab (order if appropriate)**  
 Hgb  Plt  CBC (includes hgb & plt)  PT(includes INR)  PTT Other \_\_\_\_\_ Time \_\_\_\_\_

5. Medications:

- Acetaminophen (Tylenol) 650mg (po) before transfusion x 1 dose. May repeat after \_\_\_\_\_ hrs prn x 1 dose.
- Methylprednisolone Sodium Succinate \_\_\_\_\_ mg IV before transfusion x 1 dose. May repeat after \_\_\_\_\_ hrs prn x 1 dose.
- Dexamethasone (Decadron) \_\_\_\_\_ mg IV before transfusion x 1 dose. May repeat after \_\_\_\_\_ hrs prn x 1 dose.
- Diphenhydramine (Benadryl) \_\_\_\_\_ mg IV before transfusion x 1 dose. May repeat after \_\_\_\_\_ hrs prn x 1 dose.
- Furosemide (Lasix) \_\_\_\_\_ mg IV before transfusion x 1 dose.
- Furosemide (Lasix) \_\_\_\_\_ mg IV during transfusion x 1 dose.
- Furosemide (Lasix) \_\_\_\_\_ mg IV post transfusion x 1 dose
- Other \_\_\_\_\_
- NA

6. I have discussed with the patient/family the nature and purpose of the proposed treatment, risks and consequences, reasonable and feasible treatment alternatives, and the prognosis if no treatment is given and have given the patient the opportunity to ask any questions they may have.

Orders **with a checkbox present** must be checked off to be implemented.  
Orders **without a checkbox present** will be implemented unless stricken out.

**Physician Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

# Exclusions from Blood Review

**PHYSICIAN:** Please note \*If transfusion given outside of parameter, please justify use in medical record.

## Red Cell Transfusion

- Hgb < 8 without active bleeding
- Hgb < 10 with evidence of active bleeding
- Symptomatic anemia

## Platelets

- Need pre & post levels
- < 50,000 surgery cases or actively bleeding
- < 20,000 med cases
- < 100,000 in CABG, neurological or ophthalmological cases

## Fresh Frozen Plasma

- Coags need pre & post (PT PTT, INR  $\geq 1.5$  and/or PTT with results  $\geq 1.5$  times normal).
- Post-transfusion coags should show correction to INR  $\leq 3.5$
- Warfarin reversal in bleeding patient or patient needing surgery before pharmaceutical correction could occur, TTP and HUS patients, patients with deficient in ATIII, Protein C, Protein S or heparin cofactor II.

## Cryo

- Fibrin glue, or Fibrinogen <100 mg.
- Known Factor VIII, XIII or VWF deficiency.

## CONSENT FOR ADMINISTRATION OF BLOOD OR BLOOD PRODUCTS

### FOR NON-OPERATIVE CONDITIONS

I consent to the administration of blood or blood products during this current hospital admission or during the course of my long term treatment and have been informed of the risks, benefits and alternatives to transfusion (including no treatment) to treat

Type of blood or blood product administered: \_\_\_\_\_

**(Refer to bottom of sheet for risks related to receiving blood transfusion.)**

Patient Signature: \_\_\_\_\_

Date and Time: \_\_\_\_\_

Witness: \_\_\_\_\_

## CONSENT FOR MINOR PATIENT OR PATIENT UNABLE TO GIVE CONSENT

The patient \_\_\_\_\_ is unable to give consent for the following reason(s) \_\_\_\_\_

As sponsor or guardian of the above named individual, I consent to the administration of blood or blood products during the current hospital admission and have been informed of the risks, benefits and alternatives (including no treatment).

Sponsor or Guardian Signature: \_\_\_\_\_

Date and Time: \_\_\_\_\_

Witness: \_\_\_\_\_

**See Adult Blood/Blood Product Infusion Protocol Order for physician signature and compliance.**

## COMPLICATIONS OF BLOOD TRANSFUSION – USA

### INFECTIOUS DISEASE

	<u>RISK PER UNIT</u>
Hepatitis C Virus	< 1 in 2,000,000
Hepatitis B Virus	1 in 200,000
Human T-Lymphotropic Virus	1 in 1,000,000
Human Immunodeficiency Virus (AIDS)	1 in 2,000,000
Bacteria	1 in 2,000
Other Infection	<1 in million
(West Nile Virus, Syphilis, Malaria, Chagas, Babesia)	

### REFERENCES:

AABB 2002  
Dodd, Notari, Stramer  
Transfusion 2002; 42:975

### OTHER COMPLICATIONS

	<u>RISK PER UNIT</u>
Acute Hemolysis	1 in 15,600 to 35,700
Fatal Acute Hemolysis	1 in 630,000
Delayed Hemolysis	1 to 4,000 to 11,600
Fatal Delayed Hemolysis	1 in 3.85 million
Febrile, Non-hemolytic	1 in 50 to 100
Acute Lung Injury	1 in 5,000 to 100,000
Hives	1 in 30 to 100
Severe Anaphylaxis	1 in 18,000 to 170,000
Circulatory Overload	1 in 3,000 to 12,000
Transfusion-Associated Graft-VS-Host Disease	Unknown

Popovsky  
AABB Press, 1996  
Revised: June 2003