

BLOOD PRODUCT ORDER: REQUIRED FOR OUTPATIENTS AND INPATIENTS DURING EPIC DOWNTIME

DO NOT WRITE OUTSIDE OF BORDER AREA

ADMIT DIAGNOSIS		ICD-10
DATE AND TIME TO BE GIVEN	PREVIOUS TRANSFUSION REACTION <input type="checkbox"/> YES TYPE: _____ <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
CONSENT (SEE PAGE 2)	I have discussed the transfusion of blood products, including risk/benefits and alternatives, with the patient/surrogate. An opportunity to ask questions was provided, and detailed explanations and answers were given when necessary. The patient/surrogate states understanding and consent to transfusion therapy. <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> RED BLOOD CELLS	NUMBER OF UNITS TO TRANSFUSE _____ Last Hgb _____ Date/Time _____ Transfuse each unit <input type="checkbox"/> Over 1-2 hours <input type="checkbox"/> Over 3-4 hours <input type="checkbox"/> In-patients with coronary artery disease, unstable angina, MI or cardiogenic shock with HCT ≤24% or Hgb ≤8 <input type="checkbox"/> Postoperative surgical patients with HCT ≤24% or Hgb ≤8 <input type="checkbox"/> Outpatient or Oncology patient with HCT ≤25% or Hgb ≤8.5 <input type="checkbox"/> Stable In-Patients with a HCT ≤21% or Hgb ≤7.0 <input type="checkbox"/> Cervical cancer patients with radiotherapy with HCT ≤30 or Hgb ≤10 <input type="checkbox"/> Other _____	
<input type="checkbox"/> PLATELETS	NUMBER OF UNITS TO TRANSFUSE _____ Last Pit Count _____ Date/Time _____ <input type="checkbox"/> Platelet count <10,000 / uL prophylaxis for non-surgical patients in the absence of fever, coagulopathy or hemorrhage <input type="checkbox"/> Platelet count <20,000 in patient with coagulopathy, on heparin, or with anatomic lesion likely to bleed <input type="checkbox"/> Platelet count <50,000 / uL for patients during surgery, active bleeding, history of bleeding problems, or taking anti-platelet medications <input type="checkbox"/> Platelet count <100,000 / uL post red cell transfusion >10 units in the preceding 24 hours; also, neurosurgery or ophthalmic surgery <input type="checkbox"/> In Vitro testing (PFA-100) evidence of platelet dysfunction <input type="checkbox"/> Intra or post-open heart surgery w/ bleeding problems <input type="checkbox"/> Patient with irreversible platelet inhibitor and recent invasive procedure <input type="checkbox"/> Other _____	
<input type="checkbox"/> FFP (FRESH FROZEN PLASMA)	NUMBER OF UNITS TO TRANSFUSE _____ Last PT/INR, PTT _____ Date/Time _____ <input type="checkbox"/> Active bleeding <input type="checkbox"/> Invasive procedure with INR ≥1.8 and/or deficiency of coagulation factors <input type="checkbox"/> Severe bleeding due to Warfarin therapy or urgent Warfarin reversal <input type="checkbox"/> Post PRBC transfusion of ≥10 units in preceding 24 hours <input type="checkbox"/> Other _____	
<input type="checkbox"/> CRYOPRECIPITATE	NUMBER OF UNITS TO TRANSFUSE _____ Last Fibrinogen _____ Date/Time _____ <input type="checkbox"/> Bleeding associated with fibrinogen deficiencies and Factor XIII deficiency <input type="checkbox"/> Hypofibrinogenemia <100 with bleeding and/or an invasive procedure <input type="checkbox"/> Other _____	
<input type="checkbox"/> SPECIAL ATTRIBUTES (IF APPLICABLE)	<input type="checkbox"/> Leukoreduced (LR) <input type="checkbox"/> Irradiated <input type="checkbox"/> CMV Negative <input type="checkbox"/> HLA Matched Platelets <input type="checkbox"/> Volume-reduced platelets <input type="checkbox"/> Pedi Aliquots (8) <input type="checkbox"/> Other _____	
MEDICATION	<input type="checkbox"/> Acetaminophen 650 mg PO x 1 prior to transfusion <input type="checkbox"/> Furosemide IV 20 mg prior to transfusion <input type="checkbox"/> Diphenhydramine 25 mg PO/IV x 1 prior to transfusion <input type="checkbox"/> Furosemide IV 20 mg between 1st and 2nd units <input type="checkbox"/> Other: _____ <input type="checkbox"/> Furosemide IV 20 mg after completion of transfusion	

USE OF BLOOD PRODUCTS OUTSIDE GUIDELINES MAY RESULT IN BLOOD MANAGEMENT COMMITTEE REVIEW

LIP Signature: _____ ID# _____ Date: _____ Time: _____

PROVIDENCE
 Regional Medical Center
 Everett

Colby Campus • 1321 Colby Ave.
 Pacific Campus • 916 Pacific Ave.
 Pavilion for Women and Children • 900 Pacific Ave.
 Providence Regional Cancer Partnership
 1717 13th Street • Everett, WA 98201

PLACE PATIENT LABEL HERE

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 PAGE 1 OF 2

Patient Name: _____
Birthdate: _____

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What to tell your patients about blood products: Providence Health & Services uses blood products that are donated by volunteers at the American Red Cross or Regional Blood Banks. There is a rigorous process of screening donors and crossmatching donated products for patient safety.

Potential benefits of blood transfusion:

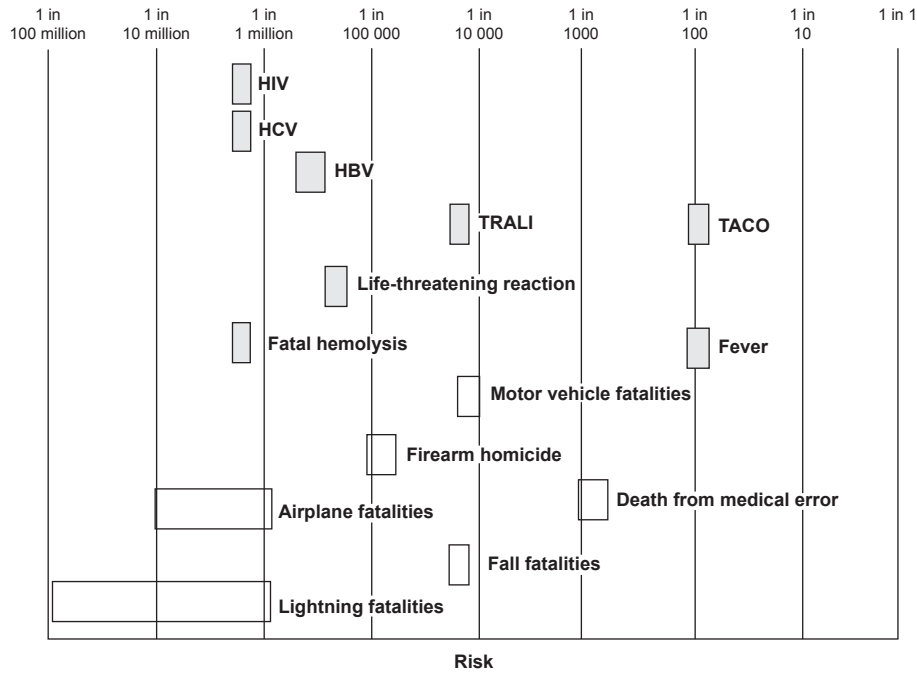
- Improved oxygen delivery to vital organs
- Improved blood clotting
- Improved blood volume and blood pressure

Estimated U.S. Risks of blood transfusion:

Infectious	Non-infectious
<ul style="list-style-type: none"> • Hepatitis B: 1 in 200,000 to 1 in 500,000 transfused units • Hepatitis C: less than 1 in 1,000,000 transfused units HIV -1, -2: approximately 1 in 2,000,000 transfused units • HTLV- I, -II: less than 1 to 1,000,000 • Other rare infectious risks include: CMV, West Nile Virus, Epstein-Barr, Hepatitis A and E, Babesiosis, Malaria, Chagas Disease and Bacterial contamination 	<ul style="list-style-type: none"> • Minor transfusion Reaction (fever, chills or rash) 1:100 • Major Transfusion Reaction (life threatening) 1:139,908 • Fatal Hemolysis 1:1,250,000 • TRALI (Transfusion Related Acute Lung Injury) 1:12,350 • TACO (Transfusion-Associated Circulatory Overload): 2-3:100 • Transfusion Errors 1:30,000

Table 1: Red Blood Cell Transfusion: A Clinical Practice Guideline From the AABB

Adverse effects of RBC transfusion contrasted with other risks. Risk is depicted on a logarithmic scale. Shaded bars represent the risk per RBC unit transfused, and unshaded bars represent the risk for fatality per person per year for various life events. Adverse effects of RBC transfusion contrasted with other risks. Risk is depicted on a logarithmic scale. Shaded bars represent the risk per RBC unit transfused, and unshaded bars represent the risk for fatality per person per year for various life events.



Alternative to blood transfusion:

- Iron and Vitamin supplementation to facilitate red blood cell production
- Hormones that stimulate the bone marrow to produce red blood cells
- Intraoperative and postoperative blood conservation measures
- Conservative transfusion strategy

Risks of refusing blood transfusion or blood product

- Permanent damage to my brain that could result in a vegetative state or coma
- Inability of my blood to clot
- Result in permanent damage to my lungs, liver, kidneys, heart or other body organs
- Death



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