Cayuga HEALTH

☐ Cayuga Medical Center
☐ Schuyler Hospital

*Patient Sticker - Place on Both Copies*
*Use MobiLab patient sticker.*
*IF unable to use MobiLab patient label - must have two RN signatures to verify chart label*

## Blood Product Order Form

| ***Notify the Blood Bank at (CMC: 4-4484) (SH: 52719) if units are needed Emergently*** | |
|---|---|
| **Red Blood Cells** # of units: _____ | **Plasma** # of units: _____ |
| ☐ Acute blood loss *(>20% vol, 70 mL/kg)* | ☐ Active Central Nervous System Bleed |
| ☐ HGB <7 | ☐ INR >1.7 or PTT >50 *(bleeding or pre-op pt)* |
| ☐ HGB <8 *(symptomatic or cardiac disease)* | Reason for prolonged test: _____ |
| ☐ Oncology Patient Hgb: _____ | ☐ Other: _____ |
| ☐ Other: _____ | *See Blood Product Administration Policy for dosing guide* |
| ☐ **Platelets** *(Only one unit may be ordered at a time)* | ☐ **Cryo** # of units: _____ |
| ☐ Active Central Nervous System Bleed | ☐ DIC w/bleeding |
| ☐ Chronic, stable thrombocytopenia *(<5000)* | ☐ Fibrinogen <100 *(bleeding, procedure or vol overload)* |
| ☐ DIC w/bleeding or procedure *(<50,000)* | ☐ Other: _____ |
| ☐ Neurosurgery *(<100,000)* | *See Blood Product Administration Policy for dosing guide* |
| ☐ Oncology Patient *(<10,000)* | |
| ☐ Platelet function disorder: _____ | |
| ☐ Septic Patient *(<20,000)* | |
| ☐ Other: _____ | |

**STANDARD TRANSFUSION RATES:**

**First 15 minutes:** required for all products - 60 mL/hr

**After 15 minutes:** RBCs - 240 mL/hr, Plasma/Platelets/Cryo - 300 mL/hr

**ALTERNATE TRANSFUSION RATES** *(may be prescribed by provider):*

☐ CHF/Fluid Sensitive Transfusion Rate *(after 15 minutes)* - 100 mL/hr
- Inform the Blood Bank if a split unit is needed

☐ Provider ordered Transfusion Rate *(after 15 minutes)* - _____

**Ordering Provider (print):** _____

**Provider Signature:** _____ **Date / Time:** _____

OR

**Nurse Signature:** _____ **Date / Time:** _____

**(Verbal order, taken and read back by above signed nurse)**

**Nurse Signature:** _____ **Date / Time:** _____