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 Flora, IL 62839
 Phone # (Lab) 618-662-1625
 (Infusion) 618-844-3062
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Blood Products Transfusion Order Form

Date Ordered:	Date Patient to be Transfused:	Physician:	<input type="radio"/> Red Blood Cells(PRBC) <input type="radio"/> Platelets <input type="radio"/> Other _____				
Patient Name:	Patient Birthdate:	Patient Phone Number:	# Units to be Transfused				
Medical Necessity Indication: <input type="radio"/> Hgb<7 Hct<25 RBC <2.5(Significant Anemia)(If out of range, necessity must be documented) <input type="radio"/> Acute Blood Loss <input type="radio"/> Chronic Blood Loss(e.g. Hematology/Oncology Patients) <input type="radio"/> Clinical Indicator: Shortness of Breath, Cardiac Problems, Dizziness <input type="radio"/> Chemotherapy <input type="radio"/> Pre-Surgical Anemia Patient HB<10 Hct<30 RBC<2.5 <input type="radio"/> Post-Op <9 gms in Patients Over 65 <input type="radio"/> Other _____							
Laboratory Tests to be Done: <input type="radio"/> Type and Cross-Match _____ Units <input type="radio"/> Platelets _____ Units <input type="radio"/> Plasma _____ Units							
Transfusion Medications and/or Instructions: <input type="radio"/> Lasix _____ mg IV-Frequency _____ <input type="radio"/> Pre <input type="radio"/> Benadryl _____ mg PO-Frequency _____ <input type="radio"/> Intra <input type="radio"/> Tylenol _____ mg PO- Frequency _____ <input type="radio"/> Post							
Nursing Instructions: Transfuse _____ Units over _____ hours per unit							
Post- Transfusion Orders/Instructions: <input type="radio"/> Post H&H within 24 hours <input type="radio"/> Exception: Chronic anemia/chemotherapy patients within 72 hours							
Authentication: <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Ordering Physician Signature</td> <td style="width: 33%; border: none;">Printed Physician Name</td> <td style="width: 15%; border: none;">Date / Time</td> <td style="width: 19%; border: none;">Phone #</td> </tr> </table>				Ordering Physician Signature	Printed Physician Name	Date / Time	Phone #
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