



## Transfusion Blood/Blood Products Orders Form Mandatory at Bronson Methodist Hospital

For many years the Transfusion Blood/Blood Products Orders form (#9000211) has been under-utilized. In an effort to standardize our blood component orders, this process has been revamped for all non-emergent requests from the Bronson Methodist Hospital (BMH) laboratory. The form provides guidelines and possible alternatives for red blood cells, platelets, fresh frozen plasma and cryoprecipitate. It can be found on the Clinical Forms page or by searching "transfusion" on the Bronson intranet at inside.bronsonhg.org. As of April 1, 2011, this form will be mandatory to include within the patient record when ordering product from the BMH blood bank.

If after considering alternative treatment a transfusion of a blood product is deemed to be appropriate, the order set can be completed and included within the patient's chart. This will provide much more detail than we currently see in most patient records.

### Save the Date:

#### Optimal Utilization of Laboratory Testing

**Thursday, March 31, 2011  
7 to 8 a.m.**

Bronson Gilmore Center  
Forum Room C

Speaker: Jane M. Hermansen,  
Outreach Coordinator, Mayo Clinic,  
Rochester, Minnesota

*Continuing Medical Education credits have been applied for. For more information, contact Kathy Stoll at (269) 341-8332 or stollk@bronsonhg.org.*

#### What is changing?

In an effort to standardize the ordering of blood/blood products and comply with regulatory agencies, the BMH order process has been revamped for all non-emergent transfusion orders.

**The Transfusion Blood/Blood Products Orders form #9000211 (11/10) will be mandatory for physicians to use when ordering blood starting April 1, 2011. See the back of this page for a sample of the form.**

#### Why is this changing?

There are two main reasons for this change:

1. Physician documentation on the chart of reasons or indications for transfusion therapy is a requirement of The Joint Commission. The form standardizes this documentation and makes it easier for the physician.
2. Blood components can increase the risk of infection and immune suppression in our patients. Hospitals that are effectively tracking and minimizing the use of these products have a standard for ordering them.

#### What are the blood transfusion guidelines that physicians should follow at BMH?

There have always been medical staff guidelines for blood and blood product transfusions. The guidelines are listed under #4 "Indications for transfusion" on the Transfusion Blood/Blood Products Orders form.

#### Why should I use this order form?

The Blood Utilization Committee currently reviews all orders for red blood cells, platelets, plasma, and cryoprecipitate that are outside of BMH guidelines. The Transfusion Blood/Blood Products Orders form both serves as a reminder of those guidelines and helps clarify the reasons for using blood products. In most cases, it will simply provide more data to support physician treatment choices.

#### Will my request for product be denied by the lab if I do not use this form?

Patient safety will never be compromised. Nothing will change in the delivery of blood or blood products. If you are truly in an emergent situation and need the product immediately, the form can be retroactively completed and included in the patient record.

#### How do I order emergency uncrossmatched blood?

The process to order emergency uncrossmatched blood requires only essential information:

1. Phone call to alert blood bank
2. Red form (Emergency Request for Uncrossmatched Blood form #70283) completed with:
  - Physician signature (required)
  - Quantity needed
  - Patient identification
  - Location

Once received by the blood bank, the component unit information will be added, the Emergency Request for Uncrossmatched Blood form will be attached to the blood bag and sent to the designated location within 5-10 minutes.

The Blood Utilization Committee hopes that you view this as an opportunity to enhance the clarity of our patient's records



Warren Behr

and the reliability with which we deliver care. For further questions regarding this form, please contact blood conservation coordinator Warren Behr at (269) 341-8575.



Affix Patient Label

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

(Check boxes to order or fill in blanks as necessary)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Admit to Dr. \_\_\_\_\_ Patient Weight \_\_\_\_\_ kg

**ONLY minimal effective dose of each blood component should be used**

**1. Choose one of the following**

**Crossmatch# \_\_\_\_\_ units and transfuse today**  **Routine**  **ASAP**  **STAT**  
 Consider alternative therapy when anemia is non symptomatic and patient is not having significant active blood loss:  
 • Iron therapy • Erythropoietin  
 • Restrictive transfusion (1 unit)

**Crossmatch# \_\_\_\_\_ units on call for surgery** **Date/Time Surgery:** \_\_\_\_\_

**Type and Screen**  **Pre-admission** **Surgery Date:** \_\_\_\_\_

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**2. Medications:**  Diphenhydramine \_\_\_\_\_ mg  IVPush  PO times one dose pre-transfusion  
 Acetaminophen \_\_\_\_\_ mg PO times one dose pre-transfusion  
 IV Normal Saline 1000 ml at keep open  
 \_\_\_\_\_

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**3. Laboratory:**  Hemoglobin/Hematocrit \_\_\_\_\_  Protime with INR \_\_\_\_\_  APTT \_\_\_\_\_  
**(Post-transfusion)**  CBC without diff w platelets \_\_\_\_\_  CBC w diff w platelets \_\_\_\_\_  
 \_\_\_\_\_

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**4. Indications for transfusion (Complete when ordering product to be administered)**

**Red Blood Cells** **Number of units:** \_\_\_\_\_ **or Volume (Peds/Neo only):** \_\_\_\_\_ **Current Hgb:** \_\_\_\_\_  
 **Irradiated**  **Split in half**  **Hgb S neg**  \_\_\_\_\_

**Indication:**  Hemoglobin less than 8, not symptomatic (**consider alternative therapy**)  
 Hemoglobin less than 8 and symptomatic  
 Acute blood loss (unresponsive to fluid resuscitation or ongoing loss related to surgery or other)  
 Other diagnosis/indication: Describe: \_\_\_\_\_  
 Sickle cell anemia or congenital blood disorder  
 Treatment for cancer

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**Platelets** **Number of units:** \_\_\_\_\_ **or Volume (Peds/Neo only):** \_\_\_\_\_ **Current platelet count** \_\_\_\_\_  
 **Irradiated**  \_\_\_\_\_

**Indication:**  Platelet count less than 10,000 or less than 20,000 with signs of bleeding  
 Platelet count less than 50,000 with planned minor procedure  
 Platelet count less than 100,000 with planned major surgery  
 Uncontrolled or active bleeding due to platelet dysfunction  
 Describe: \_\_\_\_\_

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**Fresh Frozen Plasma** **Number of units:** \_\_\_\_\_ **or Volume (Peds/Neo only):** \_\_\_\_\_ **Current PT/PTT/INR** \_\_\_\_\_  
 PT greater than 15 seconds **or** PTT greater than 45 seconds **or** INR greater than 1.5

**Indication:**  Active or massive bleeding  On anticoagulation therapy with imminent surgery  
 DIC  Describe: \_\_\_\_\_

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**Cryprecipitate:** **Number of units:** \_\_\_\_\_ **or Volume (Peds/Neo only):** \_\_\_\_\_ **Current Fibrinogen** \_\_\_\_\_

**Indication:**  Fibrinogen under 100 mg with active bleeding  
 DIC or massive bleeding  
 VonWillebrand's Disease **or** Hemophilia A **or** Factor VIII **or** XIII Deficiency when alternative therapy is insufficient  
 Describe: \_\_\_\_\_

*Indications for transfusions will be tracked and may be subject to peer review*

**Physician/Provider Signature:** \_\_\_\_\_ **Time faxed to Pharmacy:** \_\_\_\_\_

9000211 (11/10) Intranet  
WH20-5HT

**Transfusion Blood/Blood Products Orders**  
**Adult and Peds Use**

LabWire is published by Bronson Laboratory Services. If you have a topic you would like addressed in this publication, call 341-8997 or send your request to Jeff Pearson, MD (pearsonj@bronsonhg.org).