Platelet Audit Data Entry Form

Institutional Questions (answer and to be entered into etools once)

A. Hospital Name – will automatically appear upon log in

B. Does your institution routinely stock PLTs? □ Yes □ No

C. Does your institution have PLT transfusion guidelines? □ Yes □ No

If yes is answered, does your institution use pre-printed platelet transfusion order set forms based on your institutional guidelines? □ Yes □ No □ Not sure

D. Does your institution use computerized physician order entry (CPOE) for transfusion orders? □ Yes □ No

If yes is answered, does the CPOE have transfusion decision support for platelet orders? □ Yes □ No

E. Do Technologists perform prospective screening of orders based on pre-transfusion platelet counts? □ Yes □ No

If yes is answered, how often are platelet counts checked?
□ Every order □ Sometimes □ During platelet shortages only □ From designated patient care areas only □ Other (please specify) ____________________________________________

F. Does your institution perform retrospective/audit review for PLT orders? □ Yes □ No

G. Does your institution provide ABO specific PLTs? □ Only give group specific □ If available

H. Does your institution perform titration testing of anti-A/anti-B on group O platelets issued to non-group O recipients? □ Yes □ No

I. Does your institution volume reduce for ABO plasma incompatibility? □ Yes □ No
PLT Manual Audit Sheet

For site records only- please enter all records electronically into PLT audit tool.

Patient Demographics

Patient Sex: □ Male    □ Female

Patient age: ______________________ years/months (select either years/months/days)

Is there a recent (within 1 week) pre-transfusion PLT count on this patient? □ Yes    □ No
If yes please enter Platelet count______________________________
                  Date and Time______________________________

Is the patient on an anticoagulant? □ Yes    □ No    □ Unknown
If yes, please select □ Heparin □ Warfarin □ Dabigatran □ Apixaban □ Rivaroxaban
□ Other (please specify) ______________________________

Is the patient currently on any anti-platelet agents? □ Yes    □ No    □ Unknown
If yes, please select □ Aspirin □ Clopidogrel (Plavix) □ Dipyridamole
□ Other (please specify) ______________________________

Transfusion Order

Enter date PLT order received in Transfusion Medicine Laboratory (TML) ______________________

Number of PLT doses ordered: ______________________

Number of PLT doses transfused: ______________________

If number of PLT doses ordered differs from PLT doses transfused, why was the number of doses not the same? (only to be answered if number of PLT doses ordered does not match PLT doses transfused)

□ Order altered due to technologist screening
□ Order altered following TML physician consult
□ No longer required by ordering physician
□ Platelets not available
□ Other (please specify) ______________________________

Date and Time first platelet dose was issued ______________________
What is the specialty of the patient’s “Most Responsible Physician (MRP)? (please select one)

- Pediatrics
- Internal Medicine
- Surgery
- Anesthesia
- Emergency
- Family Medicine
- Gynecology
- Hospitalist
- Neonatology
- Obstetrics
- Radiology
- Unknown
- Other (please specify)

To which location was the PLT issued?

- Outpatient clinic-Hematology
- Outpatient clinic-Oncology
- Outpatient clinic-Other
- Emergency
- Diagnostic Imaging
- Inpatient ICU (include any ICU such as CCU, CVICU, Neuro ICU)
- Operating room (including Recovery room)
- Inpatient-Other
- Other (please specify)

Transfusion Indications

Transfusion Indication: Select only one:
- Currently Bleeding (Therapeutic)
- Prophylactic (non-bleeding, no procedure)
- Prophylactic (before invasive procedure)

If you selected Currently Bleeding (Therapeutic) above:

What is the patient's bleeding status?
- Major Bleed
- Moderate Bleed
- Minor Bleed

If you selected Prophylactic (non-bleeding, no procedure), move to Other Specific transfusion indications section below.

If you selected Prophylactic (before invasive procedure)

Select the invasive procedure:
- Liver Biopsy
- Kidney Biopsy
- Central Venous Catheter Placement
- Nephrostomy tube placement
- Trans hepatic Biliary Tube Placement
- Lumbar puncture (LP)
- Epidural/spinal anesthesia
- Thoracentesis
- Paracentesis
- **Endoscopy**
- **Bronchoscopy**
- **Angiography**
- **Venography**
- **Cardiac surgery (cardiopulmonary bypass)**
- **Neurosurgery**
- **Neurospinal surgery**
- **Surgery other**
- **Other (please specify)**

**Other Specific transfusion indications, check all that apply**

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<tr>
<td><strong>Trauma/Injury</strong></td>
<td><strong>Recent Bleed</strong></td>
<td><strong>Post surgery</strong></td>
<td><strong>Immune</strong></td>
<td><strong>Chemotherapy</strong></td>
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<td>(within 48 hours)</td>
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<td></td>
<td>thrombocytopenic</td>
<td>induced</td>
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<td></td>
<td>purpura</td>
<td>thrombocytopenia</td>
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<tr>
<td><strong>Thrombocytopenia</strong></td>
<td><strong>History of</strong></td>
<td><strong>History of</strong></td>
<td><strong>History of</strong></td>
<td><strong>Other, please</strong></td>
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<td>(for reason other</td>
<td>intracranial</td>
<td>neurological</td>
<td>platelet</td>
<td>specify**</td>
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<tr>
<td>than chemotherapy)</td>
<td>hemorrhage(ICH)</td>
<td>procedure in last</td>
<td>dysfunction or</td>
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<td>in last 28 days</td>
<td>28 days</td>
<td>coagulopathy</td>
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**Was a post-transfusion PLT count done within 1 hr of transfusion?** □ Yes □ No

If “Yes”, provide PLT count __________ x10⁹/L

Date/time of PLT count __________________________

If “No” to question above, was a post-transfusion PLT count done within 24 hrs of transfusion

□ Yes □ No

If “Yes”, provide PLT count __________ x10⁹/L

Date/time of PLT count __________________________

**You may also list any additional comments/details on this platelet order here, if necessary.**