Blood Product Order Set Template: Red Blood Cells, Platelets, Frozen Plasma – Adult

Allergies/Sensitivities
□ none known □ yes (specify)_____

Admitting Diagnosis: _____

□ informed consent completed as per institutional guidelines

Date of transfusion: □ today □ other (DD/MM/YYYY) _____ □ STAT (call blood bank at XXXXX)

Pre-transfusion laboratory tests □ group and screen
Previous transfusion within 3 months □ yes □no **Previous pregnancy within 3 months** □ yes □ no
Previous transplant □ yes □no

□ if no existing IV initiate IV 0.9% NaCl to keep vein open
□ discontinue peripheral IV after transfusion complete

Pre-transfusion medications
□ furosemide _____ mg po prior to transfusion or ____ mg IV prior to transfusion
□ _____

□ irradiated product required as per hospital guidelines , specify reason:
_____

□ specially matched product required as per hospital guidelines , specify reason:
_____

Red Blood Cells
Pre-transfusion Hb: _____ g/L
Indication: □ low Hb □ significant bleeding □ symptomatic □ other
□ Transfuse 1 unit, over _____ hours (e.g. 1 unit over 2-3 hours, maximum 4 hrs)
□ Transfuse ___units, each over _____hours
Note: consider IV iron instead of red blood cells for patients with stable iron deficiency anemia

Platelets (1 buffy coat pool or apheresis unit =1 adult dose)
Pre-transfusion platelet count: _____ x 10^9/L
Indication: □ significant bleeding □ invasive procedure/surgery □ prophylactic (platelet count <10 x 10^9/L)
□ Other, specify reason _____
Transfuse _____ dose(s), each over _____ hours (e.g. 1 dose over 1-2 hours maximum 4 hours)

Frozen Plasma (dose 15 mL/kg, = 3-4 units for an adult; each unit 250 mL)
Weight (kg) _____
Pre-transfusion INR: _____
Indication: □ significant bleeding □ invasive procedure/surgery within 6 hours
Reason for coagulopathy: □ liver disease □ other (specify)_____
Transfuse ___ units, each over _____ (e.g. each unit over 30 minutes to 2 hours, maximum 4 hours)

Post-transfusion laboratory tests, if indicated
□ _____ (specify)

Prescriber name (print): _____ date: _____ time:_____

Prescriber signature: _____ Pager # _____