

Template: Adult Blood Component Order Set: Red Blood Cells, Platelets, Plasma
[Not for Massive Hemorrhage Protocol (MHP) scenarios, refer to hospital MHP]

Allergies: ☐ no known drug allergies ☐ no known food allergies ☐ no known environmental allergies ☐ yes (specify) _____	
Diagnosis: _____ _____	
Informed consent: ☐ completed	
Date of transfusion: ☐ today ☐ other (DD/MM/YYYY) _____ ☐ STAT (call TML ext. XXXXX)	
Pre-transfusion laboratory tests: ☐ group and screen	
IV access: ☐ If no IV access, then initiate peripheral IV 0.9% NaCl to keep vein open. ☐ Discontinue peripheral IV when transfusion completed.	
Transfusion Associated Circulatory Overload (TACO) Risk assessment/Preventative Strategies Does this patient have TACO risks? ☐ Age over 70 years; ☐ History of heart failure; ☐ Left ventricular dysfunction; ☐ History of myocardial infarction; ☐ Renal dysfunction; ☐ Positive fluid balance. If TACO risk, then consider preventative strategies: transfuse one unit at a time; slow transfusion rate to maximum of 4 hours (after removal from temperature-controlled environment) per unit; administer pre-transfusion diuretics.	
Pre-transfusion medication ☐ Furosemide _____mg PO, 30 minutes prior to transfusion start ☐ Furosemide _____mg IV, 5 minutes prior to transfusion start ☐ Other _____	
Special Requirements ☐ Irradiated blood, specify reason: _____ ☐ Specially matched blood, provide details: _____	
Red Blood Cells Pre-transfusion Hb: _____ g/L <u>Indication:</u> ☐ Acute bleeding ☐ Low Hb ☐ Symptomatic (dyspnea, chest pain, syncope) ☐ Other, specify reason _____ <u>Transfuse:</u> ☐ 1 unit, over _____ hours (e.g., 1 unit over 2-3 hours, maximum 4 hours) ☐ Other _____	
Platelets (1 dose = 1 bag psoralen treated pooled or apheresis platelets) Pre-transfusion platelet count: _____ x 10 ⁹ /L <u>Indication:</u> ☐ Acute bleeding ☐ Hypoproliferative/non-immune thrombocytopenia (platelet count < 10 x 10 ⁹ /L) ☐ Pre invasive procedure/surgery, specify _____ ☐ Other, specify reason _____ <u>Transfuse:</u> ☐ 1 dose, over _____ hours (e.g., 1 dose over 1 hour, maximum 4 hours) ☐ Other _____	
Plasma [Frozen/Apheresis frozen 1 unit = mean unit volume 289/249 mL; Solvent detergent 1 unit = 200 mL; Pathogen Reduced (Apheresis Frozen Plasma Psoralen Treated) 1 unit = mean unit volume 203 mL] Pre-transfusion INR: _____ <u>Indication:</u> ☐ Acute bleeding ☐ Liver disease coagulopathy ☐ Microvascular bleeding ☐ Pre invasive procedure/surgery, specify _____ ☐ Other, specify reason _____ <u>Dose (10 -15 mL/kg; see Table 1: Example weight-based plasma dosing:</u> <u>Patient weight:</u> _____ kg ☐ _____ units <u>OR</u> ☐ _____ mL/kg ☐ Other _____ <u>Transfuse:</u> ☐ each unit over _____ hours (e.g., each unit over 30 minutes to 2 hours, maximum 4 hours)	
Post-transfusion laboratory tests, if indicated ☐ Specify test, timing : _____	
Prescriber name (print): _____ Prescriber signature: _____	Date: _____ Time: _____ Pager # _____

Table 1: Example Weight-based Plasma Dosing* <i>Prescriber expertise is required to determine dose required [10 (lower) to 15 (higher) mL/kg], balancing each individual patient's clinical scenario (e.g., severity of bleeding, TACO risk).</i>				
Weight (kg)	Dose 10 mL/kg¹ (mL)	Dose 15 mL/kg² (mL)	S/DP; Pathogen Reduced Plasma³ (# of units)	FP⁴ (# of units)
< 40 kg	Use actual weight (kg) to calculate dose at 10-15 mL/kg, round # of units based on S/DP & Pathogen Reduced Plasma 200 mL/unit or FP 289 mL/unit.			
40-44.9	450	600	2-3	2
45-49.9	500	675	3	2
50-54.9	550	750	3-4	2-3
55-59.9	600	825	3-4	2-3
60-64.9	650	900	4	2-3
65-69.9	700	975	4-5	3
70-74.9	750	1050	4-5	3
75-79.9	800	1125	4-5	3-4
80-84.9	850	1200	5-6	3-4
85-89.9	900	1275	5-6	3-4
90-94.9	950	1350	5-7	4
95-99.9	1000	1425	5-7	4
100 and greater ⁵	1000	1500	5-7	4-5

* Modified from NAC recommendations table; added Pathogen Reduced Plasma (Apheresis Frozen Plasma Psoralen Treated) information per CBS Circular of Information.

1. Dose calculated using upper weight for each weight increment, rounded up to nearest 5 mL.
2. Dose calculated using lower weight for each weight increment, rounded up to nearest 5 mL
3. Number of S/DP and Pathogen Reduced Plasma units rounded to nearest dose volume (mL), using volume 200 mL/unit (i.e., 3 units = 600 mL, 4 units = 800 mL, 5 units = 1000 mL, 6 units = 1200 mL, 7 units = 1400 mL).
4. Number of FP units rounded to nearest dose volume (mL), using mean unit volume 289 mL (i.e., 2 units = 578 mL, 3 units = 867 mL, 4 units = 1156 mL, 5 units = 1445).
5. For weight 100 kg and greater, dose is capped using 95-99.9 kg weight increment dose.