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<input type="checkbox"/> STAT	<input type="checkbox"/> Routine	<input type="checkbox"/> ASAP (2-3 h)	Date: _____	Date of surgery: _____	Weight: _____ kg	Age: _____	
Specimen Collection Date collected: _____ Time: _____ am pm Collected by: <input type="checkbox"/> Lab <input type="checkbox"/> RN _____			Diagnosis ICD-10 _____		Consent / Location / Physician Consent obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____ Attending MD: _____		
Blood products and laboratory tests				Indication for transfusion			
Blood products				Indications for Red Cells or Whole Blood (All children greater than 4 months of age – CHECK ONE)			
Packed Red Blood Cells (Type & Screen Crossmatch) <input type="checkbox"/> Whole unit _____ <input type="checkbox"/> Aliquot _____ mL				<input type="checkbox"/> Acute, surgical or potential significant blood loss <input type="checkbox"/> Signs or symptoms of anemia when alternate therapy is not available <input type="checkbox"/> Pre-operative Hgb < 8 g/dL when alternate therapy is not available			
Platelets <input type="checkbox"/> Number of mLs _____ <input type="checkbox"/> Pheresis units _____				<input type="checkbox"/> Severe cardiopulmonary disease and Hgb <13 g/dl <input type="checkbox"/> Priming of extracorporeal circuit = 15% of blood volume <input type="checkbox"/> Hemoglobinopathy and pre-operative or chronic transfusion			
Fresh Frozen Plasma <input type="checkbox"/> Whole unit _____ mL <input type="checkbox"/> Aliquot _____ mL <input type="checkbox"/> Continuous Drip FFP _____				<input type="checkbox"/> Autologous units when Hgb < 10 g/dL <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Exchange transfusion hemoglobin < 8 g/dL <input type="checkbox"/> Other: _____			
Cryoprecipitate <input type="checkbox"/> Whole unit _____				Indications for Red Cells or Whole Blood (Infants less than 4 months of age – CHECK ONE)			
Special donor instructions <input type="checkbox"/> Directed donor <input type="checkbox"/> Autologous				<input type="checkbox"/> Hemoglobin < 9 g/dL <input type="checkbox"/> Acute, surgical or potential blood loss $\geq 15\%$ of blood volume <input type="checkbox"/> Hgb \leq to 10 g/dL and [Surgery] or [Hood O2 CPAP or ventilation] or [signs of anemia (apnea, bradycardia, tachypnea, failure to gain weight)] <input type="checkbox"/> Hgb \leq 13 g/dL and [$>$ 35% hood O2] or [difficulty ventilating (mean airway pressure = 6 cm H2O)]			
Special Requirements <input type="checkbox"/> Irradiated <input type="checkbox"/> Washed <input type="checkbox"/> Hyperconcentrated <input type="checkbox"/> _____				<input type="checkbox"/> Exchange transfusion for hemolysis or hyperbilirubinemia <input type="checkbox"/> Other: _____			
Premedications				Indications for Platelets (CHECK ONE)			
<input type="checkbox"/> _____ mg Acetaminophen PO x 1 <input type="checkbox"/> _____ mg Methylprednisolone IV x 1 <input type="checkbox"/> _____ mg Diphenhydramine PO x 1 <input type="checkbox"/> _____ mg Diphenhydramine IV x 1				<input type="checkbox"/> Platelet count \leq 10,000/ μ L <input type="checkbox"/> Platelet count \leq 20,000/ μ L if fever, infection <input type="checkbox"/> Bleeding or invasive procedure [Platelets < 50,000/ μ L] or [Platelet dysfunction, including cardiac bypass] <input type="checkbox"/> Other: _____			
Transfusion rate (if other than standard procedure)				Indications for Fresh Frozen Plasma (CHECK ONE) Renew all standing orders after 24 hours			
				<input type="checkbox"/> Bleeding or invasive procedure and [PT > 16 seconds or aPTT > 45 seconds] or [Abnormal PT/aPTT if < 6 months of age] or [PT/aPTT pending and massive transfusion, diffuse bleeding or suspected disseminated intravascular coagulation (DIC)], or [Emergency Warfarin reversal] <input type="checkbox"/> Abnormal PT or aPTT and critical bleeding-risk site (eg, CNS, eye, airway) <input type="checkbox"/> Clotting factor deficiency not treatable by desmopressin (DDAVP) or factor concentrate <input type="checkbox"/> Hemodilution by [fluid infusion] or [RBC transfusion] or [extracorporeal circuit] or [apheresis] <input type="checkbox"/> Reconstitution of whole blood for exchange transfusion <input type="checkbox"/> Plasma exchange for thrombotic thrombocytopenic purpura (TTP) <input type="checkbox"/> Other: _____			
Nurse Signature/Date/Time				Indications for Cryoprecipitate (CHECK ONE)			
				<input type="checkbox"/> Bleeding or invasive procedure and [fibrinogen less than 100 mg/dL] or fibrinogen pending and suspected low fibrinogen] <input type="checkbox"/> Topical fibrin glue <input type="checkbox"/> Directed (limited) donor, hemophilia or von Willebrand's disease <input type="checkbox"/> Other: _____			
Physician or licensed designee signature/ Date/Time							
<input type="checkbox"/> If pruritus or urticaria should develop, stop transfusion and administer: _____ mg Methylprednisone IV x1 _____ mg Diphenhydramine _____ PO _____ IV x 1							
PLEASE MAKE PHOTOCOPIES FOR ROUTING PURPOSES							
Tube types: Blu = Blue top (citrated plasma) Grey = Grey top (Fluoride) Lav = Lavendar top (EDTA) MGg = Mint green top/gel (plasma) R=Red top (serum)							
Instructions: /rt = Room temperature Type, screen and crossmatch require lavender top (EDTA) tube Red top gel tube may be substituted for mint green gel							

BLOOD PRODUCT INDICATORS AND DOSAGE

Special Requirement	Indications
Irradiated cellular components	<ul style="list-style-type: none"> • Neonates • HLA-matched platelets • Granulocytes • Patients receiving directed Donor blood from a relative • Bone Marrow/Stem Cell Transplant patients • Patients with T-cell Immunodeficiencies <ul style="list-style-type: none"> ○ SCID ○ Wiskott-Aldrich Syndrome ○ DiGeorge Syndrome ○ Ataxia-telangiectasia • Patients with: <ul style="list-style-type: none"> ○ Lymphoma ○ Leukemia ○ Aplastic Anemia ○ Myelodisplastic syndromes • Intrauterine or post-intrauterine transfusion
Washed or plasma reduced cellular components	<ul style="list-style-type: none"> • Patients with known allergic reactions (not used for leukoreduction or febrile reaction) • High potassium and renal failure if not dialyzed.

Cryoprecipitate Transfusion (volume of one unit = 15mL)

- One unit: 150 mg fibrinogen in 15 mL, or 10 mg/mL
- 1.5 mL/kg, or 1 unit/10kg, raises fibrinogen 30-40 mg/dl

Red Cell Transfusion (volume of one unit = 300mL +/- 50 mL)

Pediatric blood volume is roughly 80 mL/kg body weight. To raise hemoglobin level, use the following formula:

$$\frac{\# \text{ units RBC given } \times 80}{\text{Patients weight in KG}} = \text{Rise in grams of Hb/dl}$$

Examples for 1 unit of red cells:

<u>Patient's Weight</u>	<u>Rise in Hb/dl</u>	
50 kg (110 lbs.)	1.6 g/dl	If transfusing infant or small child use less than or equal to 10 mL red cells/kg (Hct – 60% in the red cell unit).
30 kg (66 lbs.)	2.7 g/dl	
15 kg (33 lbs.)	5.3 g/dl	

Platelets Transfusions (volume of one unit platelet concentrate = 50-70 mL/one unit pheresis platelet = 200-400 mL)

Platelet Concentrate (PC) are platelets made from 1 unit whole blood. Single Donor Pheresis platelets (SDP) are from one donor's pheresis donation. 1 SDP = approx. 5-6 PC. In nonimmunized patients without complications*, use the following formula:

$$\text{Platelet \# rise} = \frac{40-45,000\text{ul per 1 SDP or 5-6 RDP}}{\text{SqM. Body Surface Area (BSA)}} \quad \text{Rise} = 10-60 \text{ minutes post transfusion count} - \text{minus pretransfusion count}$$

Neonates (less than 10 Kg)	10 mL/kg (1 Platelet concentrate) 10 mL of platelet concentrate per kg will raise platelet count by 100,000/ul
10-20 Kg	½ Platelet pheresis (1 Platelet concentrate) ½ platelet pheresis will raise platelet count 50,000-100,000; 1 platelet concentrate per 10Kg to raise the platelet count 30,000-40,000/ul
20-40 Kg	½ pheresis will raise platelet count by 25,000-50,000/ul
Greater than 40 Kg	1 pheresis will raise platelet count 30,000 – 40,000

Oncology patients greater than 10 kg may receive an entire pheresis platelet. Oncology neonates less than 10kg must receive ¼ Pheresis platelet (do not use random donor platelet concentrates for oncology patients).

***Complications other than immunization which may lower platelet yield include fever, splenomegaly, sepsis, microvascular injury including DIC, trauma. These disorders usually don't affect the initial 10-60 minute yield.**