

Height _____ cm Weight _____ kg

Allergies _____

Blood Component (Platelets) Order Set		M	K	O
Orders Processed Date (dd/mm/yyyy)	Criteria <ul style="list-style-type: none"> All adult inpatients and emergency adult patients Note: All STAT orders are to be called to your site Transfusion Medicine Laboratory			
Time (hhmm)				
By	Not Recommended For <ul style="list-style-type: none"> Massively bleeding or unstable bleeding patients Note: This would ONLY be patients being transfused for resuscitation due to critical bleeding or the Massive Transfusion Protocol was activated Operating Room or Recovery Room patients Outpatient Clinic patients 			
Status	Pre-Transfusion Patient History <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Admitting diagnosis _____ <input checked="" type="checkbox"/> Allergies/Sensitivities related to Transfusion _____ <input checked="" type="checkbox"/> Special Transfusion Needs? _____ <ul style="list-style-type: none"> <input checked="" type="checkbox"/> If Yes, Form 900985 is completed (only once) and sent to the Transfusion Medicine Laboratory <input checked="" type="checkbox"/> Patient consent completed 			
Processing Reviewed by	Vitals/Monitoring			
Status	Vitals <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Height and Weight on admission to be documented in Meditech <input checked="" type="checkbox"/> Temp, HR, RR, BP, SpO₂ – Pre-Transfusion, at 15 minutes, and Post-Transfusion (Document along with time on Transfusion Product Issue/Nursing Documentation Form) 			
Faxed by	IV Fluids			
	IV Fluid <ul style="list-style-type: none"> <input type="checkbox"/> sodium chloride 0.9% at _____ mL/h 			
	Other IV Orders <ul style="list-style-type: none"> <input type="checkbox"/> Saline Lock 			
	Pre-Transfusion Medications <ul style="list-style-type: none"> <input type="checkbox"/> diphenhydrAMINE _____ mg <input type="checkbox"/> PO OR <input type="checkbox"/> IV x 1 prior to transfusion if history of allergic reactions <input type="checkbox"/> furosemide _____ mg <input type="checkbox"/> PO OR <input type="checkbox"/> IV x 1 prior to transfusion Note: Consider furosemide in patients at risk for transfusion associated circulatory overload. It is preferable to give furosemide before the transfusion if the patient is not hypovolemic and is hemodynamically stable			

Telephone Order _____
 Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____
 Ordering Physician Date (dd/mm/yyyy) Time (hhmm) Read Back



Chart Copy – Do Not Destroy

Rev. 08/2018/V1 ORD251

Height _____ cm Weight _____ kg

Allergies _____

Blood Component (Platelets) Order Set			M	K	O
Orders Processed Date (dd/mm/yyyy)	Pre-Transfusion Lab Investigations				
	<input type="checkbox"/> Group and Screen (GPS) if required (once per admission)				
	Platelets Transfusion				
Time (hhmm)	Pre-Transfusion Lab Investigations				
	<input checked="" type="checkbox"/> CBC prior to each unit				
By	Indications and Dosing for Transfusion of Platelets				
	Clinical Setting		Recommendation and Dose		
	Diagnosis/Indication	Platelet Count x 10⁹/L			
Status	Non-immune thrombocytopenia	Less than 10	1 Adult dose		
	Procedures not associated with significant blood loss, including percutaneous procedures other than epidural anaesthesia or lumbar puncture	Less than 20	1 Adult dose		
Processing Reviewed by	Therapeutic anticoagulation that cannot be stopped	Less than 30	1 Adult dose and consult thrombosis specialist		
Status	<ul style="list-style-type: none"> Epidural anaesthesia or lumbar puncture Procedures with expected blood loss greater than 500 mL Major non-neuraxial surgery Significant bleeding 	Less than 50	1 Adult dose, immediately before procedure and check platelet count before starting procedure		
Faxed by	<ul style="list-style-type: none"> Neuraxial surgery Head trauma or CNS hemorrhage Life-threatening hemorrhage 	Less than 100	1 Adult dose and check platelet count		
	Platelet dysfunction and significant bleeding e.g. ASA, clopidogrel therapy, post cardiopulmonary bypass	Any	1 Adult dose		
	Immune thrombocytopenia (ITP)	Case specific	1 Adult dose for life threatening bleeding only and consult a hematologist		
	1 dose raises platelet count by approximately 15 – 25 x 10 ⁹ /L				
	<input checked="" type="checkbox"/> Pre-transfusion platelet count _____ x 10 ⁹ /L				
	<input checked="" type="checkbox"/> List Indications based on the guidelines outlined in the Order Set _____				

Telephone Order _____
 Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____ Read Back
 Ordering Physician Date (dd/mm/yyyy) Time (hhmm)



Chart Copy – Do Not Destroy

