

Height _____ cm Weight _____ kg

Allergies _____

Blood Component (Cryoprecipitate) 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			
Status	<ul style="list-style-type: none"> Operating Room or Recovery Room patients 			
Processing Reviewed by	Pre-Transfusion Patient History			
Status	<input checked="" type="checkbox"/> Admitting diagnosis _____ <input checked="" type="checkbox"/> Allergies/Sensitivities related to Transfusion _____ <input checked="" type="checkbox"/> Patient consent completed			
Status	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			
Faxed by	IV Fluid <ul style="list-style-type: none"> <input type="checkbox"/> sodium chloride 0.9% at _____ mL/h 			
Faxed by	Other IV Orders <ul style="list-style-type: none"> <input type="checkbox"/> Saline Lock 			
Faxed by	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			
Faxed by	Pre-Transfusion Lab Investigations <ul style="list-style-type: none"> <input type="checkbox"/> Group and Screen (GPS) if required (Once per admission) 			

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)



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Orders Processed Date (dd/mm/yyyy)	Cryoprecipitate Transfusion				
Time (hhmm)	Pre-Transfusion Lab Investigations				
By	<input checked="" type="checkbox"/> FIB (Fibrinogen Level) prior to each dose (Uremia excluded)				
Status	Indications and Dosing for Transfusion of Cryoprecipitate				
Processing Reviewed by	Clinical Setting		Recommendation and Dose		
Status	Diagnosis/Indication	Fibrinogen g/L			
Faxed by	Microvascular bleeding	Less than 1	1 dose (8 – 12 units)		
	Uremic bleeding	Any	For patients that do not respond to desmopressin or desmopressin is contraindicated		
			1 dose (10 units)		
	Dosing is 1 unit per 10 kg of body weight <ul style="list-style-type: none"> • 1 dose increases the fibrinogen by 0.5 g/L 				
	<input checked="" type="checkbox"/> Pre-transfusion fibrinogen _____ g/L (Not applicable for uremia)				
	<input checked="" type="checkbox"/> Does the patient have microvascular bleeding? <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes 				
	<input checked="" type="checkbox"/> Does the patient have uremic bleeding? <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes 				
	Administration				
	Patient weight (kg): _____				
	<input checked="" type="checkbox"/> Transfuse _____ units, pool over _____ hours (e.g. 1 dose over 10 – 30 minutes per dose maximum 4 hours from issue time from the Transfusion Medicine Laboratory)				
	Post-Transfusion Lab Investigations				
	<input checked="" type="checkbox"/> FIB after dose to reassess the need for additional dosing (Uremia excluded)				

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Blood Component (Cryoprecipitate) Order Set		M	K	O
Orders Processed Date (dd/mm/yyyy)	Cryoprecipitate Transfusion Continued...			
Time (hhmm)	Further Lab Investigations			
By				
Status				
Processing Reviewed by				
Status				
Faxed by				

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