



part of the Vancouver Coastal Health Authority

Vancouver Coastal Health Transfusion Medicine Service (TMS)

PHYSICIAN'S ORDERS

ADDRESSOGRAPH

TRANSFUSION MEDICINE SERVICE (TMS) - Group & Screen, Red Cells, Platelets

Date: _____ Time: _____ Informed Consent complete on Patient Record

Time
Processed
RN/LPN
Initials
Comments

1. ABO/ Rh (*Antepartum RhIG - Emergency Room ONLY*)
2. Group & Screen Routine STAT (60 minutes) Q3days (maintain in-date status)
3. _____ units RED CELLS "**AVAILABLE**" in Blood Fridge for OR (Complete Section 6)

4. RED CELLS (Complete Section 6)
 Transfuse _____ unit(s) Red Cells each over _____ hour(s) STAT ROUTINE
N.B. URGENT REQUESTS: Contact TMS IMMEDIATELY - O NEG Emergency Supply Available

Indication

- Anemia and bleeding
- Anemia - symptomatic
- Anemia - chronic transfusion support. Repeat for Hgb less than _____ g/L
 Repeat every _____ weeks x _____ months (max 12 months)
- Bleeding and hypotensive
- Trauma
- Blood warmer required for Red Cell transfusion

5. PLATELETS (Complete Section 6) **Hematology ONLY:** Apheresis
 HLA (CBS Request Forms Required)
 Transfuse _____ Adult Dose(s) Platelets over _____ hours:

N.B. 1 Adult Dose equals either 4-5 Pooled Units or 1 Apheresis Unit

- 1 hour post transfusion platelet count

Indication

- Platelets less than 100 x 10⁹/L Neurosurgery; CNS Trauma
- Platelets less than 50 to 80 x 10⁹/L Epidural Catheter Insert/Removal
- Platelets less than 50 x 10⁹/L, and significant microvascular bleeding or surgery
- Platelets less than 20 x 10⁹/L in marrow failure with fever, or coagulopathy
- Platelets less than 10 x 10⁹/L marrow failure
- Known platelet dysfunction and high risk of bleeding

6. **Identify SPECIAL REQUIREMENTS: Complete for RBC & PLATELET Orders - See Reverse**

- No special requirements
- Irradiated
- Anti - CMV negative
- Washed (requires consultation with the TMS-LAB)

7. Discontinue Request for: anti-CMV negative Irradiated HLA Matched Platelets
NB: FAX this Information to the TMS for product requirement record revision

8. Other Medication (e.g. diuretic) _____

9. Ambulatory Care ONLY: Patient may take own medications

Physician's Signature

Printed Name
May 2010

College ID

Controlled Document - DO NOT PHOTOCOPY

Indications for Special Requirements for Red Cell and Platelets

PATIENT: DIAGNOSIS / PROCEDURE (Special requirements apply to all in box)		Special Requirements	
		Irradiated	Anti-CMV Negative*
HEMATOLOGY ONCOLOGY PATIENTS	Aplastic anemia Chronic Graft vs. Host Disease (GVHD) Leukemia Lymphoma Multiple myeloma Pancytopenia Amyloidosis Receiving fludarabine treatment	✓	
TRANSPLANT PATIENTS	Allogeneic bone marrow transplant (or stem cell transplant SCT) – current CMV negative recipient with a CMV negative donor, 7 days prior to transplant to 100 days post transplant	✓	✓
	All other bone marrow transplants (SCT)	✓	
	Lung transplant – current, CMV negative recipient		✓
CONGENITAL IMMUNE DEFICIENCIES	Di George's Syndrome, congenital heart disease or cardiovascular surgery (patient < 6 months), congenital cell-mediated immune deficiency, severe combined immune deficiency, Wiskott-Aldrich Syndrome, purine nucleoside phosphorylase deficiency, reticular dysgenesis, adenosine deaminase deficiency, MCH I/II deficiency, leukocyte adhesion molecular deficiency, cell-mediated deficiency (not otherwise specified)	✓	✓
NEONATES (< 4 months)	ALL	✓	✓
PEDIATRIC	Congenital heart disease/open heart surgery (patient < 1 yr)	✓	
	New oncology patient with an unconfirmed diagnosis	✓	✓
	Solid tumors (e.g. Ewings sarcoma, hepatoblastoma, neuroblastoma, osteogenic sarcoma, retinoblastoma, rhabdomyosarcoma, brain tumor, primitive neuroectodermal tumor (PNET), Wilm's tumor)	✓	
	Histiocytosis X (Langerhan's cell histiocytosis)	✓	
PROCEDURES	Intrauterine transfusion (IUT)	✓	✓
OTHERS	Pregnant (excluding delivery)		✓
	Recipient of HLA matched platelets	✓	
	Recipient of a directed donation	✓	

	IgA deficient (levels < 0.5 mg/L) Contact site Pathologist for review and assistance	Triple washed red cells or IgA deficient
	Anti-IgA	IgA deficient
	Washed red cells (in consultation with pathologist)	Washed red cells
	Hemoglobin S negative (scheduled red cell exchange only)	HbS Neg (VGH only)

* If anti-CMV negative products (red cells or platelets) are not available then leukocyte reduced product may be used as a substitute.

CONSULTATION WITH SITE PATHOLOGIST IS AVAILABLE - CONTACT TMS