

**BLOOD TRANSFUSION INDICATION SHEET - ADULTS**

**This form is for data collection and is not a physician transfusion order.**

**Consent to Blood Transfusion Obtained**

1. Check component(s) ordered.	FOR AUDIT USE ONLY	2. Check indication for transfusion:
<input type="checkbox"/> <b>Packed Red Cells</b> Type & Cross _____ units Irradiated: <input type="checkbox"/> Yes <input type="checkbox"/> No Hemoglobin = _____	F = _____ I = _____ R = _____	<input type="checkbox"/> Hemoglobin less than 10 mg/dL with Cardiopulmonary/CNS signs and/or symptoms or active bleeding <input type="checkbox"/> Active bleeding, BP less than 100/60 or Pulse greater than 100 <input type="checkbox"/> Active bleeding, EBL greater than 500 ml <input type="checkbox"/> Preoperative per Surgical Transfusion Guidelines (See Reverse) <input type="checkbox"/> Optimize Radiation therapy  <b>*If no indication met, consider Type &amp; Screen Only</b>
<input type="checkbox"/> <b>Fresh Frozen Plasma (or alternatives)</b> _____ units PT = _____ INR = _____ PTT = _____	F = _____ I = _____ R = _____	<input type="checkbox"/> TTP or Hemolytic Uremic Syndrome <input type="checkbox"/> Protime greater than 15 or INR greater than 1.7 and actively bleeding or procedure planned <input type="checkbox"/> Transfusion of greater than 6 units PRBC's within 24 hours <input type="checkbox"/> PTT greater than 60 and actively bleeding or procedure planned <input type="checkbox"/> DIC with coagulopathy <input type="checkbox"/> Other: _____
<input type="checkbox"/> <b>Plateletpheresis, (Single donor, 3.0 X 10<sup>11</sup>)</b> _____ units Irradiated: <input type="checkbox"/> Yes <input type="checkbox"/> No Platelet Count = _____	F = _____ I = _____ R = _____	<input type="checkbox"/> Platelet count less than 10,000 with decreased bone marrow production <input type="checkbox"/> Platelet count less than 20,000 with decreased bone marrow production and fever <input type="checkbox"/> Platelet count less than 50,000 and one of the following: actively bleeding or on a respiratory or DIC or other coagulopathy or procedure planned <input type="checkbox"/> Transfusion of greater than 6 units PRBC's within 24 hours <input type="checkbox"/> Known platelet dysfunction with active bleeding or procedure planned <input type="checkbox"/> Other: _____
<input type="checkbox"/> <b>Cryoprecipitate,</b> _____ units Fibrinogen = _____	F = _____ I = _____ R = _____	<input type="checkbox"/> Hemophilia A/Von Willebrand's disease <input type="checkbox"/> Fibrinogen less than 150 <input type="checkbox"/> Fibrin glue <input type="checkbox"/> Other: _____

**3. Complete each of the following (print):**

Requesting physician: \_\_\_\_\_  
 Attending physician: \_\_\_\_\_ Service: \_\_\_\_\_  
 Diagnosis/surgical procedure: \_\_\_\_\_ Date: \_\_\_\_\_

**PLACE BARCODE FOR FFP, PLTPH, PLT & CRYO ORDERS HERE**

PATIENT DATA - Imprint or Print Legibly

Name: \_\_\_\_\_  
 MRUN: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Ward or Clinic: \_\_\_\_\_  
 Req. Loc. Code: \_\_\_\_\_



T-OV1998

**GUIDELINES FOR ORDERING BLOOD FOR SURGICAL PROCEDURES AT OV-UCLA MEDICAL CENTER**

<b>GENERAL</b>	<b>OBSTETRICS AND GYNECOLOGY</b>	<b>THORACIC</b>
Abdominal-perineal resection . . . . .	C-section . . . . .	Decortication . . . . .
Biliary bypass . . . . .	Ectopic Pregnancy . . . . .	Esophagectomy . . . . .
Exploratory Laparotomy . . . . .	Evacuation molar pregnancy:	Pericardiectomy . . . . .
Gastrectomy, all. . . . .	≤ 12 wks . . . . .	Pulmonary resection . . . . .
Pancreatectomy, all. . . . .	> 12 wks . . . . .	Thoracotomy, exploratory . . . . .
Splenectomy; disease . . . . .	Exploratory Laparotomy . . . . .	Thoracoscopy . . . . .
Hepatic resections. . . . .	Hysterectomy, all. . . . .	<b>UROLOGY</b>
Major amputations . . . . .	Myomectomy. . . . .	
	Vaginal wall repair . . . . .	Adrenalectomy . . . . .
<b>HEAD AND NECK</b>	<b>PLASTICS</b>	Ileal conduit . . . . .
Composite resection (jaw, tongue) . . . . .	Abdominoplasty . . . . .	Nephrectomy. . . . .
Carotid body . . . . .	Major breast reconstruction . . . . .	Prostatectomy, radical. . . . .
Glossectomy . . . . .	Major facial fracture. . . . .	Prostatectomy, suprapubic . . . . .
Laryngectomy . . . . .	Major flap . . . . .	Radical Cystectomy . . . . .
Major facial fractures. . . . .	Major liposuction. . . . .	Radical retroperitoneal lymphadenic. . . . .
Major tumor resection. . . . .	Reduction mammoplasty . . . . .	Transurethral resection, bladder . . . . .
Mandibulectomy . . . . .	Tissue transfer, free . . . . .	TURP . . . . .
Maxillectomy . . . . .		<b>VASCULAR</b>
Radical neck dissection . . . . .		
Temporal bone resection. . . . .		Aneurysm resection, AAA . . . . .
<b>FOOT AND ANKLE</b>		Aortoiliac/femoral bypass . . . . .
Amputation . . . . .		Carotid endarterectomy . . . . .
Major hind foot reconstruction . . . . .		Embolectomy, peripheral. . . . .
Major fore foot reconstruction. . . . .		Femoropopliteal bypass . . . . .
		Aneurysm, endovascular AAA. . . . .
		Angioplasty, stents, angiogram . . . . .