



# Pre-Printed Orders for OUT-PATIENT TRANSFUSION



DRDO101802B

Rev: Feb 11, 2021

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**Doctor's Office:** Forward this completed and signed form and a signed Informed Consent for Transfusion form to the Medical/Ambulatory Daycare Unit where the transfusion will take place.

**Medical/Ambulatory Daycare Unit:** Forward a copy of this form to the **Laboratory**

Patient Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

PHN #: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis/History: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Queries:**

- 1. Chronic transfusion recipient? Yes No
- 2. Has patient been transfused in the past three months? Yes No
- 3. Blood Products Required:
  - Red blood cells
  - Platelets
  - Other/special requirements: Specify \_\_\_\_\_

Recent Hgb result: \_\_\_\_\_ Date: \_\_\_\_\_ Recent Platelet Count: \_\_\_\_\_ Date: \_\_\_\_\_

**One time only transfusion:**

According to the following schedule:

\_\_\_\_\_ units on the first day  
\_\_\_\_\_ units on second day

**Repeat transfusion order**

Continue for \_\_\_\_\_ months (maximum 12 months)

If Hgb  $\leq$  \_\_\_\_\_ give \_\_\_\_\_ units RBC  
 If Hgb  $\leq$  \_\_\_\_\_ give \_\_\_\_\_ units RBC  
 If Hgb  $\leq$  \_\_\_\_\_ give \_\_\_\_\_ units RBC  
 According to the following schedule:  
 \_\_\_\_\_ units on the first day  
 \_\_\_\_\_ units on second day

**Additional physician's orders ie: infusion rate / medications / required blood tests:**

Note: A Hgb will be ordered, if not provided for one time transfusions, or not included with repeat transfusion orders.

\_\_\_\_\_  
\_\_\_\_\_

Ordering Physician name Signature Date

Physician with hospital privileges (if necessary) Signature Date

- Physician's authorization for release of hemoglobin results:
- YES, Patient may receive results verbally by phone.
  - NO, Patient must phone my office to obtain results.

**Hospital Medical/Ambulatory Daycare Unit Fax Numbers**

Langley Memorial	604-514-6155	Peace Arch	604-542-3169	Royal Columbian	604-520-4883
Delta	604-946-6220	Chilliwack	604-703-6955	Eagle Ridge	604-469-5101
Fraser Canyon	604-860-7263	Burnaby	604-431-2807	Ridge Meadows	604-463-1896
JPOCSC	604-582-3742	ARHCC	604-851-4908	Mission Memorial	604-820-8730