



fraserhealth

# Pre-Printed Orders for OUT-PATIENT TRANSFUSION



DRDO101802B

Rev: March 31, 2021

Page: 1 of 1

**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	604-466-6962
JPOCSC	604-582-3742	ARHCC	604-851-4908	Mission Memorial	604-820-8730