



fraserhealth

Pre-Printed Orders for OUT-PATIENT TRANSFUSION



DRDO101802B

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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	604-533-6418	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	604-814-5176

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