



BLOOD PRESCRIPTION FORM

TRIAL FORM
please file in history

Special requirements (please tick)

Leukocyte depletion filter required

Irradiated

CMV negative

If Identification label not available write Name and Record Number above

DATE	BLOOD PRODUCT Saline Flush Diuretic	Duration	NHMRC Indication Code (see reverse)	Dr Signature	Administration Time		Nurse Signature	Nurse Signature	Batch No
					Start	Finish			Donation No

Clinician confirmation: I have reviewed the Clinical Guidelines and explained to the patient / person legally responsible for the patient, the indications, the nature and the possible effects of the transfusion.

Written information offered to patient: Yes No

Consent for transfusion obtained from Patient /Person legally responsible for patient Yes No

Consent for transfusion not obtained: Emergency Other - Specify: Jehovah Witness Refusal of treatment form completed: Yes No

INDICATION FOR TRANSFUSION OF BLOOD COMPONENTS

The following guidelines for transfusion have been developed by the Australasian Society for Blood Transfusion in conjunction with the Australian NHMRC. They provide guidance on the use of blood components based on currently available clinical and scientific evidence further information can be obtained from NHMRC Website (<http://www.nhmrc.gov.au>).

Use the codes/indications listed below to indicate reason for transfusion.

Code	RED CELLS		
01	Hb<70g/L: Lower thresholds may be acceptable in patients without symptoms and/or where specific therapy is available.		
02	Hb 70-100g/L: Likely to be appropriate during surgery associated with major blood loss or if there are signs or symptoms of impaired oxygen transport.		
03	Hb>80g/L: May be appropriate to control anaemia-related symptoms in a patient on chronic transfusion regimen or during marrow suppressive therapy.		
04	Hb>100g/L: Not likely to be appropriate unless there are specific indications		
05	Pre-operative surgical request (refer to MBOS schedule)		
	Haemoglobin should NOT be the sole deciding factor for transfusion. Consider signs and symptoms of hypoxia, blood loss & co-morbidities of the patient		
Code	PLATELETS		
06	Bone Marrow Failure: Platelet count <10x10 ⁹ /L as prophylaxis		
07	Platelet count <20x10 ⁹ /L in the presence of risk factors (eg: fever, antibiotics, evidence of systemic Haemostatic failure).		
08	Surgery/Invasive Procedure: To maintain platelet count at >50x10 ⁹ /L. For surgical procedures with high risk of bleeding (eg: Ocular or neurosurgery) it may be appropriate to maintain at > 100x10 ⁹ /L		
09	Platelet Function Disorders: May be appropriate in inherited or acquired disorders, depending on clinical features and setting. In this situation platelet count is not a reliable indicator.		
10	Bleeding: May be appropriate in any patient in whom thrombocytopenia is considered a major contributory factor.		
11	Massive Haemorrhage/Transfusion: Use should be confined to patients with thrombocytopenia and/or functional abnormalities, who have significant bleeding from this cause. May be appropriate when the platelet count is <50x10 ⁹ /L (<100x10 ⁹ /L in the presence of microvascular bleeding).		
	Platelet transfusion is, generally, NOT appropriate in the treatment of immune-mediated platelet destruction, immune thrombocytopenic purpura, haemolytic uraemic syndrome or drug induced or cardiac bypass thrombocytopenia without haemorrhage.		
Code	FRESH FROZEN PLASMA		
12	Warfarin Effect: In the presence of life threatening bleeding or risk of serious bleeding. Vitamin K and Prothrombinex may also be required.		
13	Multiple coagulation deficiencies associated with acute DIC		
14	Thrombotic Thrombocytopenic Purpura (TTP): Accepted treatment.		
15	Following massive transfusion or cardiac bypass: May be appropriate in the presence of bleeding and abnormal coagulation.		
16	Liver disease: May be appropriate in the presence of bleeding or risk of serious bleeding and abnormal coagulation.		
17	Plasma exchange procedure.		
18	Single factor or inherited coagulation deficiencies: Are only appropriate if specific factor concentrate is unavailable		
	Fresh Frozen Plasma is contraindicated for hypovolaemia, Plasma Exchange, Treatment of Immunodeficiency and it is NOT recommended for chronic DIC or single coagulation factor deficiency - use specific factor where available.		
Code	CRYOPRECIPITATE		
19	Disseminated Intravascular Coagulation (DIC): Fibrinogen deficiency is commonly encountered in DIC. At fibrinogen levels Lower than 1.0g/L and where there is clinical bleeding, use of cryoprecipitate to keep fibrinogen levels above 1.0g/L may be Indicated.		
20	Fibrinogen Deficiency: May be appropriate where there is clinical bleeding, an invasive procedure, trauma or DIC.		
21	Coagulation Factor Deficiencies: Von Willebrand's disease, Haemophilia A and Factor XIII deficiency in the absence of specific factor concentrates.		
Code	If the transfusion is not indicated by one of the codes above, please use the following additional codes below and write the justification for all transfusions ordered that do not fall within the NHMRC guidelines.		
22	Date:	Product:	Indication:
23	Date:	Product:	Indication:
24	Date:	Product:	Indication:
25	Date:	Product:	Indication:
26	Date:	Product:	Indication:
27	Date:	Product:	Indication:
28	Date:	Product:	Indication:
29	Date:	Product:	Indication: