



1460 G Street Springfield, OR 97477 Main Hospital Line: 541-726-4400

PATIENT/PROVIDER INFORMATION

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Office Contact: \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_  
 Referring Physician Signature: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 PCP: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Patient Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_  
 Primary Insurance/ID Number: \_\_\_\_\_ Precert: \_\_\_\_\_

**Thank you for referring your patient to McKenzie-Willamette Medical Center.**

**Criteria: (PRBC)**

- HGB less than 7 gms  
(less than 9 if unstable or active bleeding)
- HGB less than 10 gms if significant heart/lung disease
- HCT less than 22 % (less than 28 if unstable, active bleeding, or significant heart/lung disease)
- EBL greater than 500 ml, except trauma
- Type and Crossmatch: \_\_\_\_\_ units of leukocyte reduced packed red blood cells on date: \_\_\_\_\_
- Irradiated**
- Transfuse \_\_\_\_\_ units on date: \_\_\_\_\_
- Check hemogram 20 minutes post transfusion

**Platelets Criteria**

- Platelet count less than 20,000, other transfusions
- Platelet count less than 50,000, pre-op
- Platelet count less than 100,000, intracranial surgery
- Diagnosis of ITP
- Platelet dysfunction
- Platelet transfusion on date: \_\_\_\_\_
- Irradiated**

**Fresh Frozen Plasma (FFP) Criteria**

- Abnormal PT, PTT
- Transfuse \_\_\_\_\_ units FFP Date: \_\_\_\_\_

**Pre Medication**

- None
- Acetaminophen 650 mg PO x 1dose
- Diphenhydramine 25mg PO x 1dose
- Hydrocortisone 50mg IV x 1dose
- Furosemide \_\_\_\_\_
- Other \_\_\_\_\_
- Another brand of drug identical in form and content may be dispensed unless checked.

**Nursing Orders**

- Start peripheral IV line or access port
    - Heparinize if indicated per protocol
    - May use topical local anesthetic of port access
  - Diet as tolerated
  - Discharge when transfusion is complete
- Evidence of Informed Consent: \_\_\_\_\_  
 Outpatient consent for repeat transfusions, same diagnosis valid 1 yr.

**Special Instructions:**

McKenzie-Willamette Medical Center's use only:

RN Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Fax to Pharmacy Time: \_\_\_\_\_

Patient Label