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Servicing Northern NSW
Local Health District



NSW Health Pathology (APA)

DELIVERY OF BLOOD/BLOOD PRODUCT FORM

PATIENT LAST NAME	GIVEN NAME (S)	SEX	DATE OF BIRTH	LABORATORY USE ONLY
PATIENT ADDRESS		MRN		
POST CODE		YOUR REFERENCE		REQUESTING CLINICIAN Name: Signature: Contact No:
TEL (HOME)	TEL (BUS/MOBILE)	HOSPITAL CODE / WARD / CLINIC		

Special requirements (Irradiated, CMV neg): LIFE THREATENING / CRITICAL BLEEDING (Please phone testing laboratory. See phone number above.)	Location for transfusion: Date: / /
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Fill in this section if BLOOD PRODUCT is required. Request may not be processed until clinical information is given
 See reverse for NHMRC/NBA Patient Blood Management Guidelines

Red Cells: No. of Units	Platelets: No. of Units.....	Fresh frozen plasma: No. of Units.....	Cyroprecipitate: No of Units
Hb g/L	Platelets x10 ⁹ /L	PT..... secs aPTT..... secs	Fibrinogen g/L
<input type="checkbox"/> Symptomatic anaemia (e.g chest pain, dyspnoea) <input type="checkbox"/> Pre-surgery/invasive procedure <input type="checkbox"/> Other (specify): Please indicate a date and time when the product is required. Date:..... Time:.....	<input type="checkbox"/> Bone marrow suppression or failure <input type="checkbox"/> Haemorrhage/bleeding where thrombocytopaenia or platelet dysfunction is considered a major contributing factor eg. massive transfusion, post cardiac bypass <input type="checkbox"/> Pre-surgery/invasive procedure <input type="checkbox"/> Other (specify):.....	<input type="checkbox"/> Reversal of warfarin effect <input type="checkbox"/> Haemorrhage/bleeding where deficiency of coagulation factors is considered a major contributing factor eg. massive transfusion, post cardiac bypass <input type="checkbox"/> Pre-surgery/invasive procedure <input type="checkbox"/> Other (specify):.....	<input type="checkbox"/> Fibrinogen deficiency or dysfunction <input type="checkbox"/> Haemorrhage/bleeding where deficiency of fibrinogen is considered a major contributing factor eg. massive transfusion, post cardiac bypass <input type="checkbox"/> Other (specify):

Other Blood Products: Dose:

Clinical Indication:

Patient Blood Management guidelines NBA 2012 summary (visit www.nba.gov.au)

Red Blood Cells	RBC transfusion should not be dictated by a Hb concentration alone, but should also be based on assessment of the patients clinical status. Where indicated, transfusion of a single unit, followed by clinical reassessment to determine the need for further transfusion is appropriate.
Hb	Indication RBC transfusion may be associated with reduced mortality and is likely to be appropriate. However transfusion may not be required in well compensated patients or where other specific therapy is available.
Hb < 70	In general medical pts RBC transfusion is not associated with reduced mortality. The decision to transfuse should be based on the need to relieve clinical signs and symptoms of anaemia. In post op patients with acute myocardial or cerebral ischaemia transfusion of a single unit, followed by reassessment is appropriate.
Hb < 80	In the absence of acute myocardial or cerebral ischaemia, postoperative transfusion may be inappropriate.
Hb > 100	Transfusion is likely to be unnecessary and is usually inappropriate.
Platelets	Indication Bone Marrow Failure Consideration: Use of platelets is likely to be appropriate as prophylaxis At platelet count of $<10 \times 10^9/L$, or $<20 \times 10^9/L$ in the presence of risk factors eg fever, antibiotics, evidence of systemic haemostatic failure To maintain platelet count $>50 \times 10^9/L$. For procedures with high risk of bleeding (eg ocular or neurosurgery) it may be appropriate to maintain at $>100 \times 10^9/L$ May be appropriate in inherited or acquired disorders, depending on clinical features and setting. In this situation, platelet count is not a reliable indicator Indication Platelet function disorder Consideration: Use of platelets is likely to be appropriate as therapy May be appropriate in any patient in whom thrombocytopenia is considered a major contributory factor Should be guided by local massive transfusion protocol that includes the dose, timing and ratio of blood component therapy.
Fresh Frozen Plasma	Indication Single factor deficiency Warfarin effect DIC TTP Coagulation inhibitor deficiencies Liver Disease Massive transfusion Consideration: Use of specific factors if available In the presence of life threatening bleeding. Use in addition to prothrombin complex concentrates Indicated where there is bleeding and abnormal coagulation Accepted treatment May be appropriate in patients undergoing high-risk procedures. Use specific factors if available May be appropriate in the presence of bleeding and abnormal coagulation Should be guided by local massive transfusion protocol that includes the dose, timing and ratio of blood component therapy.
Cryoprecipitate	Indication Fibrinogen deficiency DIC Consideration: May be appropriate where there is clinical bleeding, an invasive procedure, trauma or DIC At fibrinogen levels lower than $1.0g/L$ where there is clinical bleeding, use of cryoprecipitate to keep fibrinogen levels above $1.0g/L$ may be indicated