

BLOOD COMPONENT/PRODUCT REQUISITION – NEONATAL/PEDIATRIC

From: PCU (specify)

ORDERING PHYSICIAN: (Include Full First and Last Name)

ORDERING PHYSICIAN SIGNATURE

TELEPHONE NUMBER:

FAX NUMBER:

Affix addressograph imprint or patient label or clearly **print** patient's full name (last name, full first name), date of birth, gender, Personal Health Number, Regional Health Record Number

CLINICAL INFORMATION	BODY WEIGHT (KG)	PATIENT LOCATION	REQUISITIONED BY
----------------------	------------------	------------------	------------------

As per AHS Policy, all faxes must include a fax coversheet.

ORDER DATE: (YYYY-MM-DD)	PRIORITY: <input type="checkbox"/> STAT <input type="checkbox"/> ASAP <input type="checkbox"/> Today	PRODUCT REQUIRED DATE: (YYYY-MM-DD) TIME: (2400 hrs)	REQUESTED BY: (Print Name)
<input type="checkbox"/> ACH Transfusion Medicine ph: 403-955-2332 fax: 403-955-2325	<input type="checkbox"/> FMC Transfusion Medicine ph: 403-944-1367 fax: 403-270-7205	<input type="checkbox"/> PLC Transfusion Medicine ph: 403-943-4628 fax: 403-291-6895	<input type="checkbox"/> RGH Transfusion Medicine ph: 403-943-3409 fax: 403-301-4084 <input type="checkbox"/> SHC Transfusion Medicine ph: 403-956-1344 fax: 403-956-1684 <input type="checkbox"/> Other site (specify) _____

RED CELL AND PLATELET ORDERS BY PATIENT CLASSIFICATION

- Neonatal Oncology BMT Organ transplant Immune deficient Other

Component Required	Non- Standard Patient Requirements
Red Cells patient 50 kg or less (10-15 mL/Kg to max 1 unit*) _____ <input type="checkbox"/> mL <input type="checkbox"/> units	<input type="checkbox"/> Irradiated
Red Cells patient greater than 50 kg (Adult dose to max 2 units*) _____ <input type="checkbox"/> mL <input type="checkbox"/> units	<input type="checkbox"/> Washed (approval required) <input type="checkbox"/> Anticipate repeat small volumes (contact laboratory)
Platelets patient less than 10 kg (10 mL/Kg to max 100 mL*) _____ mL	<input type="checkbox"/> Irradiated
Platelets patient greater than 10 kg (5-10 mL/Kg to max 300 mL*) _____ <input type="checkbox"/> mL _____ <input type="checkbox"/> dose (1 dose = 300 mL)	<input type="checkbox"/> Concentrated (volume restriction) <input type="checkbox"/> Washed (approval required) <input type="checkbox"/> HLA Matched Apheresis (must contact TM Tech II at 48814)

ADDITIONAL BLOOD COMPONENT/PRODUCT ORDERS

Plasma (10-15 mL/Kg to max of 1 unit*) _____ mL	Cryoprecipitate (1 unit/ 10 Kg*) _____ unit(s)
Albumin (specify vial and dose in mL) Dose: _____ mL	
<input type="checkbox"/> Albumin 5% - 50 mL vial (2.5g) <input type="checkbox"/> Albumin 5% - 250 mL vial (12.5g) <input type="checkbox"/> Albumin 5% - 500 mL vial (25g)	<input type="checkbox"/> Albumin 25% - 50 mL vial (12.5g) <input type="checkbox"/> Albumin 25% - 100 mL vial (25g)
<i>See reverse for additional ordering guidance.</i>	
Intravenous immune globulin (IVIG) <i>Request form TM2038 must be completed for first dose. See reverse for additional ordering guidance.</i> Dose: _____ grams Instructions to Transfusion Medicine: _____	
Rh Immune Globulin <i>See reverse for additional ordering guidance.</i> Dose: _____ micrograms	Other (specify) Quantity/Volume _____ / _____

* Requests in excess of these guidelines will be referred to a TM physician.

Call Transfusion Medicine when ready to transfuse

For TM Use Only		
<input type="checkbox"/> PPI <input type="checkbox"/> ORV	Group	Special Transfusion Requirements

ALBERTA PRECISION LABORATORIES

BLOOD COMPONENT/PRODUCT REQUISITION – NEONATAL/PEDIATRIC

ADDITIONAL ORDERING INSTRUCTIONS AND GUIDELINES

Indications for:

Irradiated Blood Products

- Bone Marrow Transplants and potential Bone Marrow Transplants
- Solid Organ Transplants
- Aplastic Anemia, Congenital Bone Marrow Failure Syndromes such as Diamond Blackfan Anemia
- Intrauterine transfusion (also CMV negative)
- Patients with congenital immunodeficiencies

*****All red cell and platelet products produced by Canadian Blood Services are leukoreduced by filtration, and are therefore considered to be CMV Safe

Albumin

5% Albumin

- Is an iso-oncotic solution that increases circulating blood volume only by the volume infused.
- Used for fluid replacement when volume expansion is not required.

25% albumin

- Is a hypertonic solution that increases circulating blood volume by drawing fluid from interstitial spaces.
- Infusion of 100 mLs increases plasma volume by 450-500 mLs.
- Usually restricted to use in patients with liver failure.

*****Administering 25% Albumin instead of 5% in error could result in circulatory overload

IVIG

- Contains a distribution of IgG subclasses similar to that found in normal plasma
- Indications: Primary Humoral Immunodeficiency (PID), Secondary Immune Deficiencies, neurological disorders, hematological disorders, rheumatologic disorders and infectious diseases (TSS or HIV)

*****For rates of infusion see specific brand product inserts and nursing guidelines

Cytogam (CMV IVIG) available for specific treatment of CMV infections in transplant patients

Rh Immune Globulin (Rhlg)

- Recommended to prevent alloimmunization in Rh(D) negative patients following exposure to Rh(D) positive RBC, through either pregnancy or transfusion (including transfusion of platelets from Rh(D) positive donors)
- When used in ITP treatment caution must be taken regarding the severe hemolysis that can occur, patients should be monitored closely. ITP candidates for this treatment must be Rh (D) positive and have a functioning spleen.

Dosage:

- Normal Pregnancy prophylaxis 300 mcg (1500 units) vial
- A 300 mcg (1500 units) is sufficient to counteract the immunizing effects of 15 mL of Rh(D) positive red cells

Hepatitis B Immune Globulin

- 5 mL vial (dose \leq 220 units/mL) recommended for post exposure prophylaxis for persons exposed to Hep B via transfusion, sexual or occupational contact.
- 0.5 mL vial (dose \geq 220 units/mL) available for neonates whose parents or primary caregiver has acute Hep B or is a carrier of Hep B. Neonatal Hep B vaccine also available.
- 5 mL vial (dose \geq 312 units/mL) high dose available for post liver transplant prophylaxis

Varicella Zoster Immune Globulin (VZlg)

- Recommended for passive immunization of exposed patients who are at a high risk of complications from Varicella zoster. The high risk group includes:
 - Immunosuppressed or immunocompromised neonates whose mothers have Varicella exposure 5 days prior and up to 48 hrs post delivery
 - Premature infants less than 28 weeks
 - Non-immune pregnant women
 - Bone Marrow/Stem Cell transplant patients
 - Patients with Significant Cellular Immune Deficiencies
- Should be administered within 96 hrs of exposure. Maximum dose is 625 units (5 vials of 125 units)