

**Call Blood Bank to order FP AND fax completed form<sup>±</sup> to your Blood Bank**

<sup>±</sup>Must be completed on all requests for FP. Not required as part of Intraoperative requests or Massive Hemorrhage Protocol activations.

**Patient Information:**

Place patient demographic label here	INR	PTT	FIB	Other
	Date/Time of testing			
	Date/Time of request			
	Number of FP units requested			
	Priority <input type="checkbox"/> Stat <input type="checkbox"/> Routine			
	Location for transfusion			
	<b>Most Responsible Health Care Provider Name</b>			
	Most Responsible Health Care Provider Contact Number			
	If requested by another clinical service indicate service name here			

**Note:** Recommended plasma dosage is 10-15ml/kg.

**Is the patient on any AntiCoagulants?**

- If yes, then if patient is:
- On Coumadin within the last 72 hours - complete prothrombin complex concentrate request form & do not submit this form.
  - On Rivaroxaban/Apixaban or Dabigatran - refer to provincial guidelines and contact TM physician for dosing/approval of prothrombin complex concentrate or FEIBA & do not submit this form.
  - On UFH or LMWH – reverse with protamine & do not submit this form.

**Does this patient have a specific coagulation factor deficiency?**

If yes, then order the specific factor replacement & do not submit this form.

**Indications for Request for Frozen Plasma:**

- Active, major bleeding (excluding MHP activations)**
  - Gastrointestinal site     Obstetrical Hemorrhage     Other \_\_\_\_\_
- Central Nervous system and Spinal Bleeding**
- Microvascular Bleeding**
- Cardiopulmonary circuit (i.e. CPB, ECMO) (Note: Patients will be authorized for the duration of the circuit and 24 hours post circuit so do not require multiple request forms.)**
- Plasmapheresis**
- Surgery/Procedure\*** \_\_\_\_\_
  - Urgent moderate-to-high risk surgery (within 6 hours)**
  - Non-bleeding - undergoing low-risk invasive procedure\*\***
- Other – Please specify indication** \_\_\_\_\_

**Note: FP is not indicated in the reversal of coagulopathy with INR less than 1.8 regardless of bleeding status/surgery (Choosing Wisely Canada).**

\* Please refer to recently drafted local guideline on plasma utilization in reversal of coagulopathy.

\*\* In particular, ultrasound-guided procedures such as paracentesis, thoracentesis, and central venous catheterization.

SITE	PHONE	FAX	SITE	PHONE	FAX	SITE	PHONE	FAX
UAH	780-407-8802	780-407-3245	SCH	780-418-8257	780-418-7319	RED	780-942-6618	780-942-2638
RAH	780-735-4382	780-735-6591	DVH	780-342-7029	780-342-7034	STO	780-968-3271	780-968-3665
GNH	780-735-7090	780-735-7725	FSH	780-992-5807	780-998-1159	NEC	780-342-4142	780-457-0893
MIS	780-735-2734	780-735-9128	LEH	780-980-4604	780-980-4606	SPK	780-342-3469	780-342-3574