



Place Patient Sticker Here

Ht: _____ cm

Wt.: _____ kg

Allergies: _____

**TRANSFUSION
SERVICE ORDERS**

DATE & TIME	PHYSICIAN'S ORDERS AND DIET	DATE & TIME	PROGRESS RECORD
	Allogeneic stem cell transplant with ABO mismatch:		Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient.
	Patient type _____ Donor type _____		
	All packed red blood cells should be type _____ only.		
	All platelets and plasma should be type _____ only.		
	Guidelines: (not orders) (see Proc# TS 31.00)		
	If patient's group is O, and donor is A, B, or AB:		
	-Use type O red blood cells.		
	-Use platelets/plasma compatible with the donor type.		
	If patient's group is A, and donor is O or B:		
	-Use type O red blood cells.		
	-Use platelets/plasma compatible with donor AND recipient types.		
	If patient's group is A, and donor is AB:		
	-Use type A red blood cells.		
	-Use type AB platelets/plasma.		
	If patient's group is B, and donor is O or A:		
	-Use type O red blood cells.		
	-Use platelets/plasma compatible with donor AND recipient types.		
	If patient's group is B, and donor is AB:		
	-Use type B red blood cells.		
	-Use type AB platelets/plasma.		
	If patient's group is AB, and donor is O:		
	-Use type O red blood cells.		
	-Use type AB platelets/plasma.		
	If patient's group is AB, and donor is A:		
	-Use type A red blood cells.		
	-Use type AB platelets/plasma.		
	If patient's group is AB, and donor is B:		
	-Use type B red blood cells.		
	-Use type AB platelets/plasma.		
	Physician Signature: _____		
	Physician ID#: _____ Pager #: _____		