NewYork-Presbyterian

Attach Patient Label Here

MASSIVE HEMORRHAGE PROTOCOL
Order Form & Pick-up Slip
Prepare Massive Hemorrhage Protocol

IF NO PATIENT LABEL: PRINT NAME, SEX AND MRN ON FORM

Patient Information

Patient Name:_____ **MRN:**_____ **DOB:**_____

Patient Location: _____ **Sex: M / F** (circle one) **Date / Time** _____ /_____

Cornell only: Non-Trauma / Trauma (circle one)

Order Information

Ordering / Supervising MD / DO Print Name or CWID:_____ **Signature:** _____

Ordering NP / PA Print Name or CWID: _____ **Signature:** _____

Note: Per regulations, NP / PA orders require supervising physician (MD/DO) co-sign this form at the time of order. If no in-house physician is present, the Supervising physician's 'Name' is required at the time of order, and this form must then be signed by the Supervising physician within 24 hours.

I acknowledge the increased risk of using blood before all pre-transfusion testing is completed, including crossmatch, and would like to proceed with this transfusion: YES NO (circle one)

I have contacted the Blood Bank by phone for this Massive Hemorrhage Protocol order: YES NO (circle one)

Provide Call Back # _____

Dispense Information

Product Released To: _____ **Date / Time** _____/_____

BB Technologist: _____ **Date / Time** _____/_____

Blood Bank Use Only

Specimen Received	No	Yes	N / A	Date / Time	When was it tested?		
ABO Confirmation					☐ Pre-issue	☐ Post-issue	☐ N/A
Type and Screen					☐ Pre-issue	☐ Post-issue	☐ N/A
ROTEM (Cornell only)					☐ Pre-issue	☐ Post-issue	☐ N/A

Transfusion Medicine MD notified of positive antibody history, antibody screen and / or incompatible crossmatches (if applicable)

Review Patient History	☐ Yes ☐ Pos Antibody hx – MD Notified Immediately	Notification Date/Time:
Antibody Screen:	☐ Negative ☐ Positive - MD Notified Immediately	Notification Date/Time:
Incompatible Crossmatch ☐ No	☐ Yes - MD Notified Immediately	Notification Date/Time:

Unit Information See LIS for details

Crossmatch Completed by: _____ Crossmatch Completed Date & Time: _____

Supervisor Review: _____ Date / Time: _____