**Community Hospital Day Transfusions Booking Form**

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| **Section 1 Patient details, treatment requested, rational and date requested** |
| **Patient name:** | **Date of birth:** |
| **NHS number:** | **Referring clinician:**  |
| **Area (eg Town/Exmouth):** | **Name of GP practice & GP:** |

|  |  |
| --- | --- |
| **Treatment /Transfusion requested :**  | **Rationale for treatment:** |
| **Patient Weight: Patient Height:**  | **Patients verbal consent for above treatment obtained: Please circle Yes / No** |
| **Location preference: Please tick**  |
| **Sidmouth** |  | **Tiverton** |  | Wynard Ambulatory Unit (default if no capacity for required time or if patient because of locality would prefer their transfusion at the RDE contact 01392 408609) |
| **Date and time preference:** |
|  |
| **Section 2 Only complete this section if a Red Cell Blood Transfusion** Please discuss risks/benefits with patient  |
| **Indication for packed red cell transfusion:****Please tick**  | **Special requirements?**  | **Confirmation that risks of transfusion were explained:** |
| Bleeding  |  | Irradiated  |  | Human Error |  |
| Symptomatic Anaemia  |  | CMV Negative |  | Circulatory Overload |  |
| Top up transfusion for chronic anaemia or prior to surgery |  | HLA selected |  | Adverse Immune Responses |  |
| Transfusion Transmitted Infection  |
| Anaemia in patient under care of haematology, oncology, radiotherapy or renal physicians  |  | **Pre-Transfusion Hb** …………….........g/l. **Date of sample** …………………………………. |
| Other…….. | **Target Hb** ……………………...g/l |
|  |
| **Section 3 Only complete this section if an Iron Infusion** Please discuss risks/benefits with patient |
| History/Source of Iron Deficiency:  |  |  **Hb**  |  | **Date of sample** |
| Previous Iron infusions (date): |  | **Ferritin**  |  |
| Height  |  | Weight (within last 3 months) |  | **MCV**  |  |
| Currently taking oral Iron | Yes/No |  |
|  |
| **Section 4**  |
| Further details of other treatments requested: (eg IV treatment/IVIg/venesection) |
| **Print name**  | **Date** |