

# Authorisation of Blood Components Neonates

Search for Blood Transfusion and select the Blood Transfusion Order set.

ZZZTEST, SALLY - Add Order

ZZZTEST, S... MRN:91140264 \*\* Allergies \*\* Loc:FHDUMMY  
 DOB:14/Apr/80 NHS:555-555-5... \*\*Flags\*\* Outpatient Ref...  
 Age:45 years Gender:Female Weight:45 Kg(... TEP: Fin#:7332576 Resus: EDD:

Search: blood transfusion Contains Type: Outpatient Prescription  
 Folder: Search within: All

Blood Transfusion

ZZZTEST, SALLY - 91140264 Done

Recent results relevant to transfusion are shown here, including documented informed

Orders Medication List Document In Plan

View

Related Results (9)

Haemoglobin	150.0	12/Mar/2017 06:59...
Platelet Count	500	12/Mar/2017 06:59...
Blood Group	A NEGATIVE	27/Sep/2024 12:45 ...
	O POSITIVE	14/Jun/2024 14:55 ...
	A NEGATIVE	10/Nov/2022 15:52 ...
Confirmation Group (Conf)	(c) B POSITIVE	25/Jun/2025 09:51 ...
	A NEGATIVE	06/Mar/2025 10:42 ...
	A NEGATIVE	27/Sep/2024 12:45 ...
Informed Consent Gained for Tran...	Yes	15/Oct/2025 15:14 ...
	No	03/Oct/2025 10:52 ...
	No	30/Sep/2025 12:38 ...
Reason consent not gained	Patient refuses tra...	03/Oct/2025 10:52 ...
	Patient refuses tra...	30/Sep/2025 12:38 ...
	Patient refuses tra...	03/Sep/2025 14:14 ...
Weight Measured	45	05/Feb/2025 15:28 ...
Transfusion Special Requirements Form	Transfusion Speci...	26/Sep/2023 16:45 ...
	Transfusion Speci...	22/Sep/2023 13:27 ...
Special Requirements	Irradiated Compo...	26/Sep/2023 16:46 ...
	Irradiated Compo...	26/Sep/2023 16:45 ...
	None required	22/Sep/2023 13:39 ...

Select the component you wish to authorise

If valid Informed Consent is not documented ensure the patient has been informed of the risks/benefits/alternatives and complete the Transfusion consent from the order set to document the outcome of the discussion before proceeding

Check any special requirements are documented for the patient. If not this must be completed via the Special Requirement Ad-hoc form

Component Status Details

Blood Transfusion (Initiated Pending)

MAJOR HAEMORRHAGE ALERT  
 Instigate Major Haemorrhage Protocol and contact the Transfusion Laboratory  
 Freeman Transfusion Lab - 37849  
 RVI Transfusion Lab - 24335  
 Transfusion Practitioners - 48853 / 77509

Red Cells  
 Platelets  
 FFP  
 Cryoprecipitate  
 Granulocytes  
 5% Albumin  
 20% Albumin  
 Octaplas  
 PCC (Beriplex)  
 Anti-D

Patient Care  
 Transfusion Consent

Laboratory  
 Group and Save  
 Transfusion Reaction Invest  
 Direct Antiglobulin Test (D  
 Kleihauer ml  
 Isohaemagglutinins  
 Extended Phenotype

Orders For Signature

To Authorise/Prescribe the component. Select the Transfusion Authorisation option

Note: Ensure the components you are prescribing have also been requested from the laboratory. If you need to request the component from the lab select this option.

Return to Blood Transfusion

Component Status Details

Blood Transfusion, Red Cells (Initiated Pending)

THINK!  
 If patient weight <50kg then 5mls/kg dose of red cells will  
 If patient weight >50kg then 5 unit of red cells will raise H  
 1 unit red cells = approx. 280mls  
 If ongoing bleeding/ patient compromise, initiate the Major  
 To authorise/prescribe transfusion please transcribe Au  
 Transfusion Authorisation Red Blood Cells  
 If a risk of Transfusion Associated Circulatory Overload (TA  
 1. Consider deferring transfusion  
 2. Transfuse one unit and review  
 3. Use diuretic e.g. Furosemide  
 20mg with each unit  
 4. Monitor fluid balance closely  
 5. Monitor vital signs

If blood product is required from the laboratory, select Red Cells

Red Cells

Return to Blood Transfusion

Details for **Red Cell Infusion Authorisation** Send To:

Details Order Comments

Remaining Administrations: (Unknown) Stop: (Unknown)

\*Electronic Consent form recorded in patient ...  Yes  No

\*Red Cell Transfusion Criteria:

Haemoglobin:

Is the patient pregnant?:

TACO mitigation (select all that apply)::

No. of Transfusions::

Transfusion volume (mL):

Number to give::

\*Infusion time per bag/per total vol (mins):

Patient location at time of Transfusion:

Irradiated Blood:

Washed Cellular Product:

Additional Transfusion Instructions:

\*Reason for Request:

Other Product Criteria:

Target Haemoglobin:

\*Is there a risk of TACO? (Select all that apply):

Confirm patient weight is...:

\*Transfusion type:

Frequency:

Unit:

\*Date/Time Required:

\*Prescriber's Contact Number:

Phenotyped Blood:

CMV Negative:

**Complete ALL mandatory fields.**

**TACO checklist** – to select multiple risks/mitigations for TACO hold down the control button and select all that apply

**Transfusion type** – Select paediatric transfusion (mls)

**Total volume (ml)** - State total volume to be given

**Infusion time per bag/per total vol (mins)** - State the number of minutes to infuse the total volume over

**If the patient has any special requirements for blood transfusion please ensure this information is included in the relevant sections of the request form.**

Red Cell Infusion Authorisation	1 unit(s)	1 unit(s)
Electronic Consent form recorded in patient notes within 1 yr, INDICATION: Anaemia - Cancer, CRITERIA: Chronic tx dependant anaemia, 150, TACO Risk(s): None, 45 kg, No. of Transfusions: 1 Transfusion type: unit(s), F...	Not previously given	Not previously given
Red Cell Infusion Authorisation		
Red Blood Cells Transfused		

The authorised blood components will now show on the drug chart as an outstanding prescription.

Once completed, the details will be visible in the drug chart, drug summary, the transfusion section of results review and the transfusions section of the fluid balance chart.

Any queries please contact the transfusion practitioners:

Lucy Bevan 77509

Laura Duffy 48853

Aimi Baird 48852