

# BT Telephone Request for MH Patients / Multiple Requests

<b>Code Red?</b>	YES	NO	Time Informed:		Stand Down Time:																									
Patient Details and Request MUST be confirmed by repeating to requester.						Acknowledged (initial):																								
Hospital Number			Lab.No.																											
Surname			Blood Group			<b>Specimen Received:</b> (Please tick)																								
Forename			Antibody?																											
D.O.B		Sex M / F	(Circle as Appropriate) CMV Neg Washed		Irradiated Phenotyped	<b>Valid available:</b> <input type="checkbox"/>																								
Ward	Theatre	Contact Number:	Cons/SpR/TP Informed:			<b>Primary:</b> <input type="checkbox"/>																								
						<b>Secondary:</b> <input type="checkbox"/>																								
MH Bleeding <b>MUST</b> be referred to a <b>TP / Haem SpR / Consultant</b> . All documentation to be placed in TP file.																														
<b>Initial Requester Name MUST be stated:</b>		Doctor	Date Requested:	Time Requested:	Taken By (Staff Name):																									
		Sister	<b>Inform receiving area on completion of request.</b>																											
		Staff Nurse/ODP																												
		Other	Phoned to (Name):	Time:	Phoned by (Staff Name):																									
Reason and appropriateness for request (Tick as applicable)																														
<b>Active bleeding:</b>	<table border="0"> <tr> <td>Major Trauma</td> <td><input type="checkbox"/></td> <td>Ruptured Thoracic / Abdominal Aneurysm.</td> <td><input type="checkbox"/></td> <td>GI Bleeding</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Obstetric Bleeding</td> <td><input type="checkbox"/></td> <td>Left Ventricular Assist Device (LVAD).</td> <td><input type="checkbox"/></td> <td>ECMO therapy</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Peri-op 'in Theatre'</td> <td><input type="checkbox"/></td> <td>Liver</td> <td><input type="checkbox"/></td> <td>Cardiac</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="6">Other Please STATE:</td> </tr> </table>						Major Trauma	<input type="checkbox"/>	Ruptured Thoracic / Abdominal Aneurysm.	<input type="checkbox"/>	GI Bleeding	<input type="checkbox"/>	Obstetric Bleeding	<input type="checkbox"/>	Left Ventricular Assist Device (LVAD).	<input type="checkbox"/>	ECMO therapy	<input type="checkbox"/>	Peri-op 'in Theatre'	<input type="checkbox"/>	Liver	<input type="checkbox"/>	Cardiac	<input type="checkbox"/>	Other Please STATE:					
Major Trauma	<input type="checkbox"/>	Ruptured Thoracic / Abdominal Aneurysm.	<input type="checkbox"/>	GI Bleeding	<input type="checkbox"/>																									
Obstetric Bleeding	<input type="checkbox"/>	Left Ventricular Assist Device (LVAD).	<input type="checkbox"/>	ECMO therapy	<input type="checkbox"/>																									
Peri-op 'in Theatre'	<input type="checkbox"/>	Liver	<input type="checkbox"/>	Cardiac	<input type="checkbox"/>																									
Other Please STATE:																														
Against the Request Number please State: Number of Units Issued for each Product and if Released.																														
Request / Box Number:	Red Cells:	FFP:	Platelets:	Pools Cryoprecipitate:	Time Released to Ward/ED/Theatre																									
1																														
2																														
3																														
4																														
5																														
6																														
7																														
8																														
9																														
10																														