MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date.

REQUIRING DOCUMENT *(Title and Number)*	ISSUANCE DATE

LOCAL FORM TITLE *(Optional)*

PRE-TRANSFUSION OR IMPLANT NOTE

Date of Order: _____

Physician: _____
(Printed Full Name/ Last 4 SSN)

Pre-Transfusion Note or Implant:

_____ Packed Red Blood Cells

_____ Platelets

_____ Fresh Frozen Plasma

_____ Cryoprecipitate

_____ Rh Immune Globulin

Tissue Sticker or Typenex No

Description:

_____ Tissue _____

_____ Bone _____

_____ Other _____

Indication for transfusion or Implant Note:

Clinical Signs/Symptoms: _____

Supporting Lab Data: _____

Informed Consent Note:

Patient consented: (need to do when T&S/T&X ordered)
_____ Verbally, risks and benefits discussed
_____ Consent form signed

Unable to consent:
_____ Unconscious due to trauma/ injury
_____ Under anesthesia
_____ Unexpected operative complications

POST-TRANSFUSION OR IMPLANT NOTE

Transfusion / Implant outcome:
(Mark all that apply)

_____ Clinical signs and/or symptoms resolved
_____ Clinical signs and/or symptoms present
_____ Stability of functionality or structure
_____ Restoration of normal function
_____ Additional therapy needed

Supporting data Lab data:

_____

_____

Transfusion/Implant Reaction: ___ Yes ___ No

Symptoms:

_____↑Temp >1 °C >2°F	_____ Back pain	_____ Chills	_____ Nausea
_____↑ Heart rate	_____ Hypotension	_____ Dyspnea	_____ Sweating
_____ Urticaria	_____ Hematuria	_____ Shock	_____ Flushing

Lab notified (Both Transfusion & Implant): ___Yes ___ No

Report made (Both Transfusion & Implant): ___ Yes ___No

Impact officer notified (Implant Only) ___Yes ___ No

PRACTITIONER'S NAME	PRACTITIONER'S SIGNATURE	DATE
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*	HOSPITAL OR MEDICAL FACILITY	STATUS
	DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
	SPONSOR'S NAME	SSN
	RELATIONSHIP TO SPONSOR	