NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center
Blood Resources Program, Empire State Plaza, Albany, New York 12237
E-mail: brp@heath.ny.gov
Web: www.wadsworth.org/regulatory/blood-program

Blood Transfusion Transfer Orders

Patient Name (Print)	DOB
Patient ID	Date
Transferring Hospital Name	Receiving Hospital Name

Initiated at Hospital:		**# Units**	**Rate (mL/hr)**	**Crossmatched**	**Emergency Release (uncrossmatched)**
Red Blood Cells (RBC)					
Other, Specify Component(s)					
For administration during transport:		**# Units**	**Rate (mL/hr)**	**Crossmatched**	**Emergency Release (uncrossmatched)**
Red Blood Cells (RBC)					
Other, Specify Component(s)					

If acute transfusion reaction is suspected: STOP THE TRANSFUSION, replace all tubing and maintain IV line with 0.9% NaCl
Immediately contact physician for evaluation and treatment orders:

- EMT-CC/P must contact their Medical Control through their regionally approved system
- Nurse from the transferring hospital, who is responsible for the patient during interfacility transport, must contact the transferring hospital's physician

Other Special Instructions:

Ordering Physician's Name (Print)	Phone #
Ordering Physician's Signature	

SECTION BELOW TO BE COMPLETED BY AMBULANCE SERVICE PERSONNEL

Name of Ambulance Service	
NYSEMS ID #	PCR #