

S31r4 Transfusion Form

Patient's Identification Number _____

Visit Date (yyyy/mm/dd): _____

Correction: Yes
 No

1. Date of transfusion (yyyy/mm/dd) _____

2. Reason for transfusion Scheduled
 Non-Scheduled

If transfusion is non-scheduled, answer Items 2A through 2G.

2A. Acute chest syndrome Yes
 No

2B. Painful episode Yes
 No

2C. Multi-organ failure Yes
 No

2D. Priapism Yes
 No

2E. Neurological symptoms --> if Yes, complete
Adverse Event Form 25 Yes
 No

2F. Surgery Yes
 No

2G. Other Yes
 No

2G-1. Please indicate other: _____

3. Pre-transfusion laboratory results

3A. Hemoglobin S % Done
 Not Done

3A-1. Date obtained (yyyy/mm/dd) _____

3A-2. Results (xxx.x %) _____

3B. Ferritin Done
 Not Done

3B-1. Date obtained (yyyy/mm/dd) _____

3B-2. Results (xxxx.x ng/ml) _____

3C. Hemoglobin level Done
 Not Done

3C-1. Date obtained (yyyy/mm/dd) _____

3C-2. Results (xx.x g/dl) _____

3D. AST

- Done
- Not Done

3D-1. Date obtained (yyyy/mm/dd)

3D-2. Results (xxx.x iu/L)

3E. ALT

- Done
- Not Done

3E-1. Date obtained (yyyy/mm/dd)

3E-2. Results (xxx.x iu/L)

3F. BUN

- Done
- Not Done

3F-1. Date obtained (yyyy/mm/dd)

3F-2. Results (xxx.x mg/dl)

3G. Creatinine

- Done
- Not Done

3G-1. Date obtained (yyyy/mm/dd)

3G-2. Results (xxx.x mg/dl)

3H. Bilirubin

- Done
- Not Done

3H-1. Date obtained (yyyy/mm/dd)

3H-2. Results (xxx.x mg/dl)

3I. Urine protein

- Done
- Not Done

3I-1. Date obtained (yyyy/mm/dd)

3I-2. Results (x.xx g/24 hr)

4. Pre-medications administered:

4A. Tylenol

- Yes
- No

4B. Benadryl

- Yes
- No

4C. Claritin

- Yes
- No

4D Other

- Yes
- No

4E. None given

- Yes
- No

Transfusion:

5. Simple transfusion

- Done
- Not Done

5A. Amount transfused (xxxx cc)

6. Modified manual exchange

- Done
- Not Done

6A. Amount removed (xxxx cc)

6B. Amount transfused (xxxx cc)

7. Pheresis

- Done
- Not Done

Staff I.D. #:
