

2 25 Form C – Non-Bleeding Adult In-Patient or ED Patient Screening Tool

Effective Date: 29 November 2018 This document is applicable at: All Sites

Non-Bleeding Adult In-Patient or ED Patient	
Name	ULI
Hgb	Hgb Date/Time
<input type="checkbox"/> 1 st unit	<input type="checkbox"/> 2 nd unit/or more Post Hgb? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hgb (g/L)	Scenario
≤ 70:	Appropriate – one unit to be allocated Hgb and patient symptoms to be re-checked post-transfusion.
71-80:	History of cardiac disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No i.e. elevated heart rate, dizziness or fainting or cardiac symptoms like shortness of breath or chest pain
81-90:	Symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No
> 90:	Request is outside recommendations for transfusion
Meets recommendations for transfusion <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	

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