

St George's University Hospital NHS Foundation Trust apheresis referral form for red blood cell exchange transfusion: a real world example

This referral form is an example used in the NICE medical technologies guidance adoption resource for Spectra Optia for automated red blood cell exchange in patients with sickle cell disease. It was not produced, commissioned or sanctioned by NICE.

To the referring medical staff:

- Complete parts 1 and 2
- Send completed form to xxxx
- Confirm procedure date with the Apheresis Team on xx
- Complete Apheresis pre-assessment form and fax to xxx before procedure (for new referrals only)
- Emergency procedures (to be done out-of-hours) should be discussed with on-call Haematology Consultant. Apheresis on-call rota is on Rota watch. Switchboard provides staff contact details.

Part 1 – Patient Details		
Name:	Diagnosis:	
MRN Number:	Sex:	
Date of Birth:	Height (cms):	
Address (for outpatients only):	Weight (kgs):	
Contact number/s:	Date weighed:	
Outpatient <input type="checkbox"/> or Inpatient <input type="checkbox"/> Ward:	Calculated total blood volume*:	
Other Hospital <input type="checkbox"/> _____	(*Refer to Apheresis pre-assessment tool 6)	
Part 2 – Procedure Details (to be completed by referring Registrar/Consultant)		
Indication: Acute <input type="checkbox"/> Chronic <input type="checkbox"/>	Target end Hct: Fluid balance:100% (isotonic) Calculated units/bags of replacement RBC*: Frequency of Exchange Transfusion (if applicable): (*Refer to Apheresis pre-assessment tool 6)	Additional instructions (include urgency of procedure, additional blood tests required, referral form review date etc.)
	Name of Registrar/Consultant: Signature: Date: _____ Bleep No./Contact Number: _____	
Part 3 – For Apheresis nurses only		
Date Apheresis referral form received:	Signature:	
Date Apheresis pre-assessment form received:	Signature:	
Procedure date/s confirmed:		
Replacement fluids ordered (for exchange transfusion only):		
To be done as emergency procedure (out-of-hours)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Approved by (on-call to be approved only by Haematology Consultant):		

Referring Medical Staff: _____ Contact No: _____