

# Perioperative Blood Conservation Program (PBCP)

*QEII Health Sciences Centre, Pre-Admission Clinic  
Halifax, Nova Scotia*

<b>To:</b> Perioperative Blood Conservation Program Attn: Heather Mingo	<b>From:</b>	<b>Physician:</b> _____ <b>FAX:</b> _____ <b>Phone:</b> _____
<b>FAX:</b> 902-473-5804		<b>Date:</b> _____
<b>Phone:</b> 902-473-3117		<b>Pages:</b> Cover plus
<b>Re:</b> PBCP assessment		<b>CC</b>

Please schedule the below named patient for an outpatient assessment for advance planning of perioperative blood conservation strategies:

Patient Information:		Surgical Information:	
Patient Name		Hospital	
Phone Number		Procedure	
lwk Patient Unit Number		<b>OR Date:</b>	
HUN # (if applicable):			
HCN #			
Patient DOB			
Blood pressure/Pulse:			
Weight			
Current Hemoglobin	<b>Please append recent CBC</b>		

**Specific Concerns or Issues:**

- Non-consent for blood transfusion
- Anticipated blood loss > 1200 ml
- Stages or multiple surgeries
- Anemia of chronic disease or malignancy
- Low body weight / small blood volume
- Rare blood type / difficult cross-match
- Transfusion triggers
- Autologous Donation Referral
- Other: \_\_\_\_\_

*For any questions regarding the PBCP, please call:  
Heather Mingo @ (902) 473-3117*