

ATTACHMENT 4

Hospital Medical Needs Assessment Form (ARC)

Complete the following form and report the information to our primary blood supplier, the American Red Cross Blood Services Southern Region.

Hospital Admissions Expected (Disaster Related Only)

Total Current Hospital Admissions:	_____
Total Potential for Expected Hospital Admissions: (+)	_____
Total Hospital Admissions Expected:	(A) =

Type O (both Rh negative and Rh positive) RBC Available

Total Type O RBC in Hospital Inventory:	_____
Total Type O RBC Needed for Non-Disaster Related Need: (-)	_____
Total Type O RBC Available:	(B) =

Calculate the total number of units needed from the Task Force

Total Hospital Admissions Expected	<i>Multiply</i> (A) by 3	Total Type O RBC Needed	Total Type O RBC Available	Total Type O RBC Needed
_____	X 3 units =	_____	_____	= _____
(A)		(-) <i>minus</i>	(B)	