

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: _____

Allergies with reaction type: _____

Transfusion &/or Blood Product Medications

Version 7 9/18/2018

Pre-Transfusion:

- acetaminophen (TYLENOL)
 - 650 milligram orally once prior to blood/blood product transfusion
 - 650 milligram rectally once prior to blood/blood product transfusion
- diphenhydrAMINE (BENADRYL)
 - 25 milligram intravenously once prior to blood/ blood product transfusion
 - 25 milligram orally once prior to blood/ blood product transfusion
- fexofenadine (ALLEGRA)
 - 180 milligram orally once prior to blood/blood product transfusion
- furosemide (LASIX)
 - 20 milligram intravenously once prior to blood/ blood product transfusion
 - 40 milligram intravenously once prior to blood/ blood product transfusion

Mid-Transfusion:

- furosemide (LASIX)
 - 20 milligram intravenously once between blood/ blood product transfusion
 - 40 milligram intravenously once between blood/ blood product transfusion

Post-Transfusion:

- furosemide (LASIX)
 - 20 milligram intravenously once following blood/ blood product transfusion
 - 40 milligram intravenously once following blood/ blood product transfusion

Blood Bank

- > ALL blood products are leukocyte reduced. This attribute does not need to be ordered.
- > In order to avoid the occurrence of graft-versus-host disease (GVHD) in patients who have immune deficiency states, transfused red cells must be subjected to irradiation
- > Quantity is number of units for packed cells, FFP and CRYO or Platelet Pheresis.

Packed Cells (RBC) Orders

PACKED CELL (PRODUCT) (BBK)
SELECT to order Packed Cells (RBC) from the Blood Bank

- Quantity: _____
- Irradiated
- CMV negative
- If product is for OR, when (if known) _____
- Additional Instructions for Blood Bank: _____

NURSING TO Transfuse Packed Cells (Adult) NUR

SELECT this order to transfuse product

- Units to TRANSFUSE: _____
- Rate of Infusion: Start at 45-75ml/hour for 15 minutes and increase to 100-150ml/hour as tolerated
- Duration Time for Transfusion: Complete transfusion within 4 hours of commencing
- Hold maintenance IV fluids during transfusion Yes No
- Additional instructions: _____

Initials _____

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KEEP AHEAD PACKED CELL (BBK)

Quantity: _____

Platelet Orders

PLATELET PHERESIS (PRODUCT)

SELECT to order Platelets from the Blood Bank (Quantity of one unit is equivalent in efficacy to a 6-8 pack of random donor pooled platelets)

- Quantity: _____
- Irradiated
- CMV negative
- If product is for OR, when (if known) _____
- Additional Instructions for Blood Bank (PLTS): _____

NURSING to Transfuse Platelets (Adult)

SELECT this order to transfuse product

- Units to TRANSFUSE: _____
- Rate of Infusion: Start at 45-75ml/hour for 15 minutes and increase to 150-300ml/hour as tolerated
- Hold maintenance IV fluids during transfusion Yes No
- Additional instructions: _____

Fresh Frozen Plasma (FFP) Orders

FFP (PRODUCT) (BBK)

SELECT to order Fresh Frozen Plasma (FFP) from the Blood Bank

- Quantity: _____
- If product is for OR, when (if known) _____
- Additional Instructions for Blood Bank (FFP): _____

NURSING to Transfuse Fresh Frozen Plasma (Adult)

SELECT this order to transfuse product

- Units to TRANSFUSE: _____
- Rate of Infusion: Start at 45-75ml/hour for 15 minutes and increase to 150-300ml/hour as tolerated
- Hold maintenance IV fluids during transfusion Yes No
- Additional instructions: _____

Cryoprecipitate (CRYO) Orders

CRYO (PRODUCT) (BBK)

SELECT to order CRYO from the Blood Bank

- Quantity: _____
- If product is for OR, when (if known) _____
- Additional Instructions for Blood Bank (CRYO): _____

Provider Signature: _____ Date: _____ Time: _____

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Patient Name: _____



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PROVIDER ORDERS

NURSING to Transfuse CRYO(Adult) NUR

SELECT this order to transfuse product

- Units to TRANSFUSE: _____
- Rate of Infusion: _____
- Hold maintenance IV fluids during transfusion Yes No
- Additional instructions: _____

Laboratory

- HGB & HCT 2 Hours Post Transfusion NUR
- HGB & HCT _____ Hours After Transfusion NUR
- CBC Auto/DIFF
- PT (PROTIME AND INR)
- PTT

Provider Signature: _____ Date: _____ Time: _____