(place patient label here)

Patient Name:_____

BENEFIS HEALTH SYSTEM
Benefis HOSPITALS

PROVIDER ORDERS

Order Set Directions:
- **(√)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out.**
- **Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made**
- **Initial each page and Sign/Date/Time last page**

Diagnosis: _____

Allergies with reaction type:_____

ICU Post tPA Hemorrhage

Version 1 4/7/2014

Laboratory

STAT labs:

- ☑ CBC/AUTO DIFF
- ☑ PT (PROTIME AND INR)
- ☑ PTT
- ☑ Fibrinogen

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 Cells (Type & Cross) [BBK]

- ☑ Quantity: 2
- ☐ Irradiated
- ☐ CMV negative
- ☐ If product is for OR, when (if know) _____
- ☐ Additional Instructions for Blood Bank: _____

Packed Cell Transfuse Nurse Instructions

- ☐ units to transfuse:_____
- ☐ Duration:_____
- ☐ Hold maintenance IV fluid during transfusion [ ] Yes [ ] No
- ☐ Additional instructions for nursing: _____Use Normal Saline ONLY with transfusion of packed cells

☐ Packed Cell Units to keep ahead: _____

Platelet Orders:

Platelets (BBK)

- ☑ Quantity: 1
- ☐ Irradiated
- ☐ CMV negative
- ☐ If product is for OR, when (if known) _____
- ☐ Special Instructions for Blood Bank: _____

Platelet Transfuse Nurse Instructions

- ☐ units to transfuse:_____
- ☐ Duration:_____
- ☐ Hold maintenance IV fluid during transfusion [ ] Yes [ ] No
- ☐ Additional instructions for nursing: _____Use Normal Saline ONLY with transfusion of platelets

Initials_____

(place patient label here)

Patient Name: _____

Order Set Directions:

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BENEFIS HEALTH SYSTEM
Benefis HOSPITALS

PROVIDER ORDERS

Fresh Frozen Plasma (FFP) Orders:

FFP (BBK)

- ☐ Quantity: 1
- ☐ If product is for OR, when (if known): _____
- ☐ Special Instructions for Blood Bank: _____

FFP Transfuse Nurse Instructions

- ☐ units to transfuse:_____
- ☐ Hold maintenance IV fluid during transfusion [ ] Yes [ ] No
- ☐ Additional instructions for nursing: _____Use Normal Saline ONLY with transfusion of FFP

Cryoprecipitate (CRYO) Orders:

CRYO (BBK)

- ☐ Quantity: 10
- ☐ If product is for OR, when (if known): _____
- ☐ Special Instructions for Blood Bank: _____

CRYO Transfuse Nurse Instructions

- ☐ units to transfuse:_____
- ☐ Duration:_____
- ☐ Hold maintenance IV fluid during transfusion [ ] Yes [ ] No
- ☐ Additional instructions for nursing: _____Use Normal Saline ONLY with transfusion of CRYO

Consult Provider

- Provider to provider notification preferred.
- STAT Consult to Neuro-Surgeon if intra cerebral hemorrhage is suspected:

☐ Consult other provider _____ regarding _____ Does nursing need to contact consulted provider? [ ] Yes [ ] No

Provider Signature:_____Date:_____Time:_____