

(place patient label here)

Patient Name: _____



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: _____

(ED) Massive Transfusion

Version 1 8/18/15

Laboratory

- Call and Notify Blood Bank for Massive Transfusion Protocol. Placing these orders does not replace verbal communication with Blood Bank

Hematology

- CBC AUTO/DIFF
- PT (PROTIME AND INR)
- PTT
- FIBRINOGEN
- D DIMER

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 (equivalent in efficacy to a 6 to 12 pack of random donor pooled platelets)

Packed Cells (RBC) Orders:

PACKED CELL (TYPE & CROSS)

- Quantity: 6
- Irradiated
- CMV negative
- If product is for OR, when (if know) _____
- Additional Instructions for Blood Bank: ****Massive Transfusion Protocol****
- Keep Ahead Packed Cell [BBK]: Quantity _____

Transfuse Packed Cell (Adult) NUR

- units to transfuse: 6
- Duration: _____
- Hold maintenance IV fluid during transfusion [] Yes [] No
- Additional instructions for nursing: **Give as directed by Provider**; Use Normal Saline ONLY with transfusion of packed cells.

Platelet Orders:

PLATELET PHERESIS

- Quantity: 1
- Irradiated
- CMV negative
- If product is for OR, when (if known) _____
- Special Instructions for Blood Bank: ****Massive Transfusion Protocol****

Transfuse Platelet (Adult) NUR

- units to transfuse: 1
- Duration: _____
- Hold maintenance IV fluid during transfusion [] Yes [] No
- Additional instructions for nursing: **Give as directed by Provider**; Use Normal Saline ONLY with transfusion of platelets.

Initials _____

(place patient label here)

Patient Name: _____



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PROVIDER ORDERS

Fresh Frozen Plasma (FFP) Orders:

FFP

- Quantity: 6
- If product is for OR, when (if known): _____
- Special Instructions for Blood Bank: ****Massive Transfusion Protocol****

Transfuse FFP (Adult) NUR

- units to transfuse: 6
- Hold maintenance IV fluid during transfusion [] Yes [] No
- Additional instructions for nursing: **Give as directed by Provider**; Use Normal Saline ONLY with transfusion of FFP.

Provider Signature: _____ Date: _____ Time: _____