

(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: _____

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: _____



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

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: _____