

(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
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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**

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***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: \_\_\_\_\_