

(place patient label here)

Patient Name: \_\_\_\_\_



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

ED Transfusion and/or Blood Product Orders

Version 1 8/18/15

Medications

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 orally once prior to blood/ blood product transfusion
- 25 milligram intravenously 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 as directed. \_\_\_\_\_

Laboratory

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: \_\_\_\_\_
- Irradiated
- CMV negative
- If product is for OR, when (if know) \_\_\_\_\_
- Additional Instructions for Blood Bank: \_\_\_\_\_

Keep Ahead Packed Cell [BBK]: Quantity \_\_\_\_\_

Transfuse Packed Cell (Adult) NUR

- 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.

Platelet Orders:

PLATELET PHERESIS

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

Transfuse Platelet (Adult) NUR

- 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 \_\_\_\_\_

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Fresh Frozen Plasma (FFP) Orders:

FFP

- Quantity: \_\_\_\_\_
- If product is for OR, when (if known): \_\_\_\_\_
- Special Instructions for Blood Bank: \_\_\_\_\_

Transfuse FFP (Adult) NUR

- 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

- Quantity: \_\_\_\_\_
- If product is for OR, when (if known): \_\_\_\_\_
- Special Instructions for Blood Bank: \_\_\_\_\_

CRYO Transfuse (Adult) NUR

- units to transfuse: \_\_\_\_\_
- Duration: \_\_\_\_\_
- Hold maintenance IV fluid during transfusion [ ] Yes [ ] No
- Additional instructions for nursing: \_\_\_\_\_ Use  
Normal Saline ONLY with transfusion of CRYO.

Hematology

Hemoglobin and hematocrit

- 2 hours after transfusion
- \_\_\_\_\_ hours after transfusion
- CBC AUTO/DIFF
- PT (PROTIME AND INR)
- PTT

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_