(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:_____

NICU Transfusion and/or Blood Products

Version 2 7/9/15

Medications

furosemide (LASIX)

☐ 1 milligram/kilogram intravenously once to be administered _____

Laboratory

Blood Bank

- ALL blood products are leukocyte reduced, this attribute does not need to be ordered.
- Quantity is number of units for packed cells, FFP and CRYO or platelet pherisis

Packed Cells (RBC) Orders:

Packed Cells (BBK)

☐ Quantity: _____
☐ Irradiated
☐ CMV negative
☐ If product is for OR, when (if know) _____
☐ Units to keep ahead: _____
☐ Additional Instructions for Blood Bank: _____

Packed Cell Transfuse Nurse Instructions

☐ milliliters to transfuse:_____
☐ Duration:_____
☐ Additional instructions for nursing: _____

Platelet Orders:

Platelets (BBK)

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

Platelet Transfuse Nurse Instructions

☐ milliliters to transfuse:_____
☐ Duration:_____
☐ Additional instructions for nursing: _____

Fresh Frozen Plasma (FFP) Orders:

FFP (BBK)

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

FFP Transfuse Nurse Instructions

☐ milliliters to transfuse:_____
☐ Duration:_____
☐ Additional instructions for nursing: _____

Initials_____

(place patient label here)

Patient Name: _____

Order Set Directions:
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BENEFIS HEALTH SYSTEM
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PROVIDER ORDERS

Cryoprecipitate (CRYO) Orders:

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

CRYO Transfuse Nurse Instructions
- ☐ milliliters to transfuse:_____
- ☐ Duration:_____
- ☐ Additional instructions for nursing: _____

Hematology
- ☐ Point of Care: Spun Hematocrit _____
- ☐ CBC/ AUTO DIFF _____

Provider Signature:_____Date:_____Time:_____