

(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.
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Diagnosis: \_\_\_\_\_

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

PED Transfusion and/or Blood Products

Version 2 7/9/15

Medications

acetaminophen (TYLENOL)

- \_\_\_\_\_ milligram orally once prior to blood/ blood product transfusion

diphenhydramINE (BENEDRYL)

- \_\_\_\_\_ milligram orally once prior to blood/ blood product transfusion
- \_\_\_\_\_ milligram intravenously once prior to blood/ blood product transfusion

furosemide (LASIX)

- \_\_\_\_\_ milligram 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

- units to transfuse: \_\_\_\_\_
- 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

- units to transfuse: \_\_\_\_\_
- milliliters to transfuse: \_\_\_\_\_
- Duration: \_\_\_\_\_
- Additional instructions for nursing: \_\_\_\_\_

Initials \_\_\_\_\_

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PROVIDER ORDERS

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

- units to transfuse: \_\_\_\_\_
- milliliters to transfuse: \_\_\_\_\_
- Duration: \_\_\_\_\_
- Additional instructions for nursing: \_\_\_\_\_

Cryoprecipitate (CRYO) Orders:

CRYO (BBK)

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

CRYO Transfuse Nurse Instructions

- units to transfuse: \_\_\_\_\_
- milliliters to transfuse: \_\_\_\_\_
- Duration: \_\_\_\_\_
- Additional instructions for nursing: \_\_\_\_\_

Hematology

- Hemoglobin and hematocrit
- Complete blood cell count with automated white blood cell differential

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