

BB TRANSFUSE BLOOD PRODUCT FOR PTS 25 KG OR GREATER

PHYSICIAN ORDERS

Diagnosis _____

Weight _____

Allergies _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

CRITICAL BLOOD SHORTAGE

****Due to a blood shortage both locally and nationally, strongly consider the indications and evidence for this transfusion prior to placing the order. Transfusion guidelines are attached to each order below. ***

Select the product to transfuse and the post transfusion lab, if applicable

BB PRBC for pts 25 kg or GREATER

Priority: To Transfuse When Ready, 1 units

Priority: To Transfuse When Ready, 2 units

BB Platelet for pts 25 kg or GREATER

Priority: To Transfuse When Ready, 1 units

BB Plasma for pts 25 kg or GREATER

Priority: To Transfuse When Ready, 1 units

Priority: To Transfuse When Ready, 2 units

BB Cryoprecipitate for pts 25 kg or GREATER (BB Cryoprecipitate for pts 25 kg or GREATER)

Priority: To Transfuse When Ready, Type of Cryo: Single Non Pooled

Priority: To Transfuse When Ready, Type of Cryo: 5 Pack Pooled

Select the following order to transfuse in hemodialysis

Select the medication(s) to be given, if applicable

Medications to be given prior to infusion

Medication to be given in between units

Medication to be given after all units transfused

Communication

Transfusion Instructions For Nursing (DO NOT USE FOR MEDS)

Transfuse in Hemodialysis with next treatment

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

acetaminophen

325 mg, PO, tab, Transfusion Med, PRN blood product infusions, x 1 dose

Give prior to transfusion

500 mg, PO, tab, Transfusion Med, PRN blood product infusions, x 1 dose

Give prior to transfusion

10 mg/kg, PO, liq, Transfusion Med, PRN blood product infusions, x 1 dose

Give prior to transfusion

15 mg/kg, PO, liq, Transfusion Med, PRN blood product infusions, x 1 dose

Give prior to transfusion

diphenhydrAMINE

25 mg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose

Give prior to transfusion.

50 mg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose

Give prior to transfusion.

1 mg/kg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose, Max Dose = 50 mg

Give prior to transfusion.

TO

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

BB TRANSFUSE BLOOD PRODUCT FOR PTS 25 KG OR GREATER

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	furosemide <input type="checkbox"/> 40 mg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose Give between units. <input type="checkbox"/> 1 mg/kg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose, Max Dose = 40 mg Give in between units. Max Dose = 40 mg
	furosemide <input type="checkbox"/> 40 mg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose Give after all units have been transfused. <input type="checkbox"/> 1 mg/kg, IVPush, inj, Transfusion Med, PRN blood product infusions, x 1 dose, Max Dose = 40 mg Give after all units have been transfused. Max Dose = 40 mg
Laboratory	
	Post Transfusion H and H <input type="checkbox"/> STAT, Comment: Draw TWO hours after TRANSFUSION IS complete
	Post Transfusion Platelet Count <input type="checkbox"/> STAT, Comment: Draw After Transfusion
	Post Transfusion PT with INR <input type="checkbox"/> STAT, Comment: Draw After Transfusion
	Post Transfusion Fibrinogen <input type="checkbox"/> STAT, Comment: Draw After Transfusion

TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

