

BB TRANSFUSE BLOOD PRODUCT FOR PTS LESS THAN 25 KG

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

Patient Care

CRITICAL BLOOD SHORTAGE

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

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.

Platelets, PRBCs, and Plasma must be ordered in MILLILITERS

Usual PRBC dose is 10-15 mL/kg, if clinically appropriate. Average unit equals 300 mL

BB PRBC for pts LESS than 25kg

Post Transfusion H and H

STAT, Comment: Draw TWO HOURS After Transfusion is COMPLETE

Usual Platelet dose is 10-15 mL/kg, if clinically appropriate. Average unit equals 200-250 mL

BB Platelet for pts LESS than 25kg

Post Transfusion Platelet Count

STAT, Comment: Draw After Transfusion

Usual Plasma dose is 10-15 mL/kg, if clinically appropriate. Average unit equals 250-300 mL

BB Plasma for pts LESS than 25kg

Post Transfusion PT with INR

STAT, Comment: Draw After Transfusion

Cryoprecipitate must be ordered in UNITS

BB Cryoprecipitate for pts LESS than 25k (BB Cryoprecipitate for pts LESS than 25kg)

Post Transfusion Fibrinogen

STAT, Comment: Draw After Transfusion

Communication

Select the following order to transfuse in hemodialysis:

Transfusion Instructions For Nursing (DO (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.

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

Medications to be given prior to infusion

acetaminophen

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

Give prior to transfusion

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

Give prior to transfusion

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

BB TRANSFUSE BLOOD PRODUCT FOR PTS LESS THAN 25 KG

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
	<p>diphenhydrAMINE</p> <p><input type="checkbox"/> 1 mg/kg, PO, liq, Transfusion Med, PRN blood product infusions, Max Dose = 50 mg Give prior to transfusion. Max Dose = 50 mg</p> <p><input type="checkbox"/> 1 mg/kg, IVPush, inj, Transfusion Med, PRN blood product infusions, Max Dose = 50 mg Give prior to transfusion. Max Dose = 50 mg</p>
	<p>***Medication to be given in between units***</p> <p>furosemide</p> <p><input type="checkbox"/> 1 mg/kg, IVPush, inj, Transfusion Med, PRN blood product infusions, Max Dose = 40 mg Give in between units. Max Dose = 40 mg</p>
	<p>***Medication to be given after all units transfused***</p> <p>furosemide</p> <p><input type="checkbox"/> 1 mg/kg, IVPush, inj, Transfusion Med, PRN blood product infusions, Max Dose = 40 mg Give after all units have been transfused. Max Dose = 40 mg</p>

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

