

UMC Health System

Patient Label Here

OUTPATIENT TRANSFUSION PLAN
- Phase: CLINIC

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

Admit/Discharge/Transfer

Call to Schedule Transfusion

CALL OPS to Schedule ***See Reference Text***

Continue to STAR/OPS Orders phase

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



<p>UMC Health System</p> <p>OUTPATIENT TRANSFUSION PLAN - Phase: STAR/OPS</p>	<p>Patient Label Here</p>
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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
	Admit/Discharge/Transfer
	Request for Outpatient Services <input type="checkbox"/> Location: Outpatient Surgery, Procedure: Blood Transfusion
	Laboratory
	BB Blood Type (ABO/Rh) <input type="checkbox"/> Routine Outpatient/PACU, T;N
	BB Antibody Screen <input type="checkbox"/> Routine Outpatient/PACU, T;N

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



<p>UMC Health System</p> <p>OUTPATIENT TRANSFUSION PLAN - Phase: OPS Orders</p>	<p>Patient Label Here</p>
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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
	Patient Care
	Vital Signs <input type="checkbox"/> Per Unit Standards
	Insert Peripheral Line
	Patient Activity <input type="checkbox"/> Up Ad Lib/Activity as Tolerated <input type="checkbox"/> Bedrest Bathroom Privileges <input type="checkbox"/> Bedrest
	Communication
	Code Status must be declared upon admission to Outpatient Surgery Code Status <input type="checkbox"/> Code Status: Full Code <input type="checkbox"/> Code Status: DNR/AND (Allow Natural Death) <input type="checkbox"/> Code Status: Care Limitation
	Dietary
	Oral Diet <input type="checkbox"/> Regular
	ADA Diet
	IV Solutions
	NS <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 150 mL/hr
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed. ***Place instructions on when to give furoseimide in the comments section*** furoseimide <input type="checkbox"/> 20 mg, IVPush, inj, ONE TIME, blood product infusions, x 1 dose ***Administer after patient has received _____unit(s)*** Patient in OPS <input type="checkbox"/> 40 mg, IVPush, inj, ONE TIME, blood product infusions, x 1 dose ***Administer after patient has received _____unit(s)*** Patient in OPS
	misc medication
	Laboratory
	BB PRBC Blood Order
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Draw H&H after the 1st unit of PRBC's has infused.
	Hemoglobin and Hematocrit <input type="checkbox"/> Routine Outpatient/PACU, T;N After 1st unit of PRBC's transfusion complete.

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Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____

