UMC Health System OUTPATIENT TRANSFUSION PLAN - Phase: CLINIC		Pa	atient Label Here		
	PHYSICIA				
Diagnos					
Weight					
Weight		D on that in the encodering and			
	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					
	Admit/Discharge/Transfer				
	Call to Schedule Transfusion ***CALL OPS to Schedule*** ***See Reference Text***				
	Continue to STAR/OPS Orders phase				
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan		
Order Tele	n hy Signature	Date	Time		
Order Taken by Signature:					
rnysician	Signature:		Time		
			1001		



OUTPATIENT TRANSFUSION PLAN - Phase: STAR/OPS

Patient Label Here

	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			
	Laboratory			
	BB Blood Type (ABO/Rh) Routine Outpatient/PACU, T;N			
	BB Antibody Screen BR Routine Outpatient/PACU, T;N			
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	1 by Signature:	Date	Time	
Physician Signature:		Date	Time	



UMC Health System		Patient Label Here		
	Phase: OPS Orders			
	PHYSIC	AN ORDERS		
	Place an "X" in the Orders column to designate orders of choice A	ND an "x" in the specific orc	ler detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Patient Care			
	Vital Signs Per Unit Standards			
	Insert Peripheral Line			
	Patient Activity Up Ad Lib/Activity as Tolerated Bedrest	Bedrest Bathroom Privi	leges	
	Communication ***Code Status must be declared upon admission to Outpatient Surgery***			
	Code Status Code Status: Full Code Code Status: Care Limitation	Code Status: DNR/AND	(Allow Natural Death)	
	Dietary			
	Oral Diet			
	ADA Diet			
	IV Solutions			
	NS	_		
	□ IV, 75 mL/hr □ IV, 125 mL/hr	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr		
	Medications			
	Medication sentences are per dose. You will need to calculate a to	-		
	Place instructions on when to give furosemide in the comments sect	ion		
	furosemide 20 mg, IVPush, inj, ONE TIME, blood product infusions, x 1 dose ***Administer after patient has receivedunit(s)***			
	Patient in OPS			
	↓ 40 mg, IVPush, inj, ONE TIME, blood product infusions, x 1 dose ***Administer after patient has receivedunit(s)***			
	Patient in OPS			
	misc medication			
	Laboratory			
	BB PRBC Blood Order			
	Notify Nurse (DO NOT USE FOR MEDS) Draw H&H after the 1st unit of PRBC's has infused.			
	Hemoglobin and Hematocrit Routine Outpatient/PACU, T;N After 1st unit of PRBC's transfusion complete.			
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Taken by Signature:		Date	Time	
Physician Signature:				
			1201	

UMC Health System		Patient Label Here			
- F	Phase: Discharge Orders				
	PHYSICIA	N 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				
	General Discharge Defined				
	Discharge Patient				
	Discharge Condition Discharge Condition: Stable				
	Discharge Disposition Discharge To: Home Discharge To: SNF Discharge To: Home with Hospice Discharge To: TDCJ or any other jail	 Discharge To: Home with Home Health Discharge To: Nursing Home - Intermediate Care Discharge To: Long term care 			
	Discharge Instructions				
	Diet				
	Discharge Diet Diet: Resume pre-hospital diet Diet: AHA Diet: Regular	 □ Diet: ADA □ Diet: Low sodium (Less than 2 grams) □ Diet: Renal 			
	Activity				
	Discharge Activity/Activity Precautions Activity: As tolerated No restrictions				
	Discharge Driving Instructions				
	Follow Up				
	Discharge Follow-up Appointment				
	Discharge Follow-up Appointment				
	Discharge Follow-up Lab				
🗆 то	Read Back	Scanned Powerchart Scanned PharmScan			
Order Take	n by Signature:	Date Time			
Physician Signature:		Date Time			

Outpatient Transfusion Plan