



Physician Orders PEDIATRIC: LEB Transfusion Less Than 4 Months of Age Plan

LEB Transfusion Less Than 4 Months of Age Plan

Patient Care

- Consent Signed For
Procedure: Transfusion of Blood/Blood Products
- Nursing Communication
 - Post Transfusion: Enter order for Hemoglobin and Hematocrit 4 hours after completion of blood products transfusion (DEF)**
 - Post Transfusion: Enter order for Hemoglobin and Hematocrit 6 hours after completion of blood products transfusion.*

Medications

- +1 Hours** Sodium Chloride 0.9% Flush
10 mL, Injection, IV Push, prn, PRN Cath Clearance, Routine
Comments: before and after blood product administration per blood transfusion policy

Laboratory

- Direct Coombs
Routine, T;N, once, Type: Blood
- Indirect Coombs
Routine, T;N, Type: Blood
- Type and Screen <4 months(DAT included)
Routine, T;N, Type: Blood
- Type and Screen
Routine, T;N, Type: Blood
- Transfuse PRBC <4 Months
Routine, T;N
- Transfuse PRBC's <4 Months-Pediatric
Routine, T;N
- Blood Product Keep Ahead Order-Pediatric
Routine, T;N, Type: Blood
- Blood Keep Ahead Order
Routine, T;N
- Hold PRBC <4 Months
T;N
- Hold PRBC
- FFP Transfuse-Pediatric
Routine, T;N
- Platelet Transfuse-Pediatric
Routine, T;N
- Cryoprecipitate Transfuse-Pediatric
Routine, T;N
- Cryoreduced Plasma Transfuse-Pediatric
Routine, T;N
- Emergency Uncrossmatched Blood-Pediatric
Routine, T;N
- Transfuse Granulocytes requires Blood Bank approval (287-6356).(NOTE)*
- Granulocytes Transfuse-Pediatric
Routine, T;N

| Date | Time | Physician's Signature | MD Number |
|------|------|-----------------------|-----------|
|------|------|-----------------------|-----------|

***Report Legend:**





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- DEF - This order sentence is the default for the selected order
- GOAL - This component is a goal
- IND - This component is an indicator
- INT - This component is an intervention
- IVS - This component is an IV Set
- NOTE - This component is a note
- Rx - This component is a prescription
- SUB - This component is a sub phase, see separate sheet
- R-Required Order

