



Physician Orders ADULT: Transfusion Non PRBC Blood Products Plan

Initiate Orders Phase

Admission/Transfer/Discharge

- Patient Status Initial Outpatient
T;N, Attending Physician:
Reason for Visit:
Bed Type: Specific Unit:
Outpatient Status/Service OP-Ambulatory Surgery

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: Transfusion Non PRBC Blood Products Phase, When to initiate:

Transfusion Non PRBC Blood Products Phase

Vital Signs

- Vital Signs
Monitor and Record T,P,R,BP, per Blood Transfusion policy

Patient Care

- INT Insert/Site Care q4day
PortACath Access
Intake and Output
R Consent Signed For
T;N, Procedure: Transfusion of Blood/Blood Products

Continuous Infusion

- Sodium Chloride 0.9%
250 mL, IV, Routine, (for 1 dose), 75 mL/hr

Medications

- acetaminophen 650 mg, Tab, PO, N/A, NOW, give prior to blood/blood product transfusion
diphenhydrAMINE 25 mg, Cap, PO, N/A, PRN, Routine, give prior to blood/blood product transfusion
diphenhydrAMINE 25 mg, Injection, IV Push, N/A, PRN, Routine, give IV if unable to take PO prior to blood/blood product transfusion
methylPREDNISolone sodium succinate 40 mg, Injection, IV Push, N/A, PRN, Routine, give prior blood/blood product transfusion
furosemide mg, Injection, IV Push, N/A, Routine

Laboratory

- Type and Screen
Routine, T;N, Type: Blood (DEF)*
Comments: Good for 3 days of draw, best if done the day before needed. Blood bank uses the same fin # .
STAT, T;N, Type: Blood
Comments: Good for 3 days of draw, best if done the day before needed. Blood bank uses the same fin # .

Platelet transfusion: A single dose of platelets (Adult: One apheresis or 5 prepoled concentrates) will increase of platelet count by 25,000-35,000.(NOTE)*

- Transfuse Platelets
STAT, T;N, Reason for Transfusion: Transfusion Date
Expected: Number of doses Requested:





Physician Orders ADULT: Transfusion Non PRBC Blood Products Plan

- Routine, T;N (DEF)**, Reason for Transfusion: _____, Transfusion Date
Expected: _____, Number of doses Requested: _____
- Transfuse Plasma
 - STAT, T;N*, Reason for Transfusion: _____, Transfusion Date
Expected: _____, Number of doses Requested: _____
 - Routine, T;N (DEF)**, Reason for Transfusion: _____, Transfusion Date
Expected: _____, Number of doses Requested: _____

Cryoprecipitate transfusion: One Dose per 50kg is usually adequate when cryoprecipitate is required.(NOTE)*
- Transfuse Cryoprecipitate
 - STAT, T;N*, Reason for Transfusion: _____, Transfusion Date
Expected: _____, Number of doses Requested: _____
 - Routine, T;N (DEF)** Reason for Transfusion: _____, Transfusion Date
Expected: _____, Number of doses Requested: _____

Date	Time	Physician's Signature	MD Number
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***Report Legend:**
 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

