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: ______________________

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

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

Patient Care

- INT Insert/Site Care q4day
- PortACath Access
- Intake and Output
- 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 prepooled 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: ________________
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☐ 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: ____________

☐ 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: ____________

Cryoprecipitate transfusion: One Dose per 50kg is usually adequate when cryoprecipitate is required. (NOTE)*

Date Time Physician’s Signature MD Number

*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