



Physician Orders PEDIATRIC: LEB Transfusion 4 Months of Age or Greater Plan

LEB Transfusion 4 Months of Age or Greater Plan

Patient Care

- Consent Signed For
Procedure: Transfusion of Blood/Blood Products
- Nursing Communication
Do not delay transfusion treatment for premedications
- Nursing Communication
*Post Transfusion: Enter order for Hemoglobin and Hematocrit 4hours after completion of blood products transfusion. (DEF)**
Post Transfusion: Enter order for Hemoglobin and Hematocrit 6hours after completion of blood products transfusion.

Medications

- +1 Hours** acetaminophen
 - 10 mg/kg, Liq, PO, once, Routine, Give prior to transfusion (up to one hour) (DEF)*
Comments: Max Dose = 75 mg/kg/day up to 4g/day
 - 325 mg, Tab, PO, once, Routine, Give prior to transfusion (up to one hour)
Comments: Max Dose = 75 mg/kg/day up to 4g/day
- +1 Hours** acetaminophen
10 mg/kg, Supp, PR, once, Routine, Give prior to transfusion (up to one hour)
Comments: Max Dose = 75 mg/kg/day up to 4g/day
- +1 Hours** diphenhydrAMINE
 - 1 mg/kg, Elixir, PO, once, Routine, Give prior to transfusion (up to 30 minutes) (DEF)*
Comments: Max dose = 50 mg
 - 25 mg, Cap, PO, once, Routine, Give prior to transfusion (up to 30 minutes)
 - 50 mg, Cap, PO, once, Routine, Give prior to transfusion (up to 30 minutes)
- +1 Hours** diphenhydrAMINE
1 mg/kg, Ped Injectable, IV, once, Routine, Give prior to transfusion (up to 30 minutes) Max dose = 50 mg
- +1 Hours** methylPREDNISolone
1 mg/kg, Ped Injectable, IV, once, Routine, Give prior to transfusion (up to 30 minutes) Max dose = 80 mg

Laboratory

- Direct Coombs
Routine, T;N, once, Type: Blood
- Indirect Coombs
Routine, T;N, once, Type: Blood
- Type and Screen Pediatric
Routine, T;N, Type: Blood
- Type and Screen
Routine, T;N, Type: Blood
- Type and Crossmatch Pediatric >4 months
Routine, T;N, Type: Blood
- Type and Crossmatch PRBC
Routine, T;N, Type: Blood
- Transfuse PRBC >4 Months
Routine, T;N
- Transfuse PRBC's >4 Months-Pediatric
Routine, T;N
- Hold PRBC >4 Months
Routine, T;N





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- Hold PRBC
Routine, T;N
- Crossmatch Additional Units-Pediatric
Routine, T;N
- Crossmatch Additional Units
STAT, T;N
- Crossmatch Units from Type and Screen-Pediatric
Routine, T;N
- Crossmatch Units from Type and Screen
Routine, T;N
- Blood Product Keep Ahead Order-Pediatric
Routine, T;N
- Blood Keep Ahead Order
Routine, T;N
- 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, Irradiated

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

