

HT: _____ cm

WT: _____ kg

ALLERGY: _____

**BLOOD AND MARROW
TRANSPLANT OUTPATIENT ORDERS**

DATE & TIME	PHYSICIAN'S ORDERS AND DIET	DATE & TIME	PROGRESS RECORD
	1. Admit to 3 or 4 Crews Outpatient daily ____ to ____		Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient.
	Attending _____ Admission OPTBMT		
	2. Diagnosis: _____		
	3. Condition: _____		
	4. Allergies: _____		
	5. Diet: No fresh fruits or vegetables		
	6. Activity: As tolerated		
	7. Daily VS and weight		
	Standing orders for _____ to _____		
	8. CBC daily		
	9. CMP, Mg, Phos q Monday and Thursday		
	10. PT, PTT q Monday		
	11. BMP daily _____ to _____ then q		
	Wednesday and Saturday		
	12. Sterile dressing change to catheter site q week		
	13. Catheter saline & heparin flush per protocol		
	14. Retavase per protocol for catheter clots prn		
	15. Propoxyphene (Darvon) 65 mg po q 4 - 6 hrs prn pain		
	16. Promethazine 12.5 mg - 25 mg po or IV q 4 - 6 hrs prn		
	N / V		
	17. NOTIFY BLOOD BANK THAT THIS IS AN		
	AUTOLOGOUS TRANSPLANT PATIENT -		
	FAX TO 726-7187		
	18. Tentative transplant date		
	19. All blood products are to be leukodepleted and		
	irradiated		
	20. Standing transfusion orders:		
	Type & screen as needed		
	For hemoglobin < 8 gm / dL write voice order		
	and transfuse 1 unit PRBC leukodepleted and		
	irradiated		





(Place Patient Identification Sticker Here)

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[illegible]