Ministry Saint Joseph's Hospital Marshfield, Wisconsin

PRE-PRINTED PHYSICIAN'S ORDERS 00802PPO

MEDICAL/SURGICAL BLOOD PRODUCT TRANSFUSION- Adult Only

ORDERS							
ONLY ORDERS THAT ARE CHECKED WILL BE IMPLEMENTED.							
Date	/	/	Time:		Patient Ca	are Unit	
Month		Year					
1. DIAGN							
2. ALLERGIES:							
3. PREPA	RATION	OF BLOOD	PRODUCTS				
Testing:	☐ Type a: # U ☐ Draw a	nd Crossmatch Units Requested and HOLD 72 h	Red Cells for TRANS Red Cells for SURGIO Date/Time ars (no testing performe creen ONLY (use for a STAT PREO	CAL PRO of Surger ed/blood s	OCEDURE 'y sample in lab if tra I future transfusio	ansfusion required	<u></u>
4. TRANSF	'USION/A	DMINISTRAT	TION ORDERS		•		
RED CELL	S (All uni Exp	its are CMV-s ected rise in F	afe and leukodeplete Igb by 1g/dL or Hct eding patients single	by 3% ii	n adult.		. ;
Transfuse:	(If Auto	er of units ologous units o AT	n hand they will be iss Y \sum Special Instruct	ued first) tions			
Indication: Hemoglobin count prior to transfusiongm/dL (required) Acute active bleeding with expected blood loss greater than or equal to 30% Symptomatic anemia and Hgb less than or equal to 7 g/dL Symptomatic anemia and Hgb less than or equal to 8 g/dL in patient with coronary artery disease, unstable angina/ myocardial infarction/cardiogenic shock, cerebral or other major organ ischemia Symptomatic anemia and Hgb less than or equal to 8 g/dL and a patient on chronic transfusion regimen or chemotherapy Other (specify)							
APHERESI	S PLATE		se: standard is 1 aphe 000-60,000/uL in 70		_	ected rise in plate	let count
Transfuse:		A matched pla	One (1) Apheresis Pla HOLD APHERESIS I Itelets (must have 0054 AY Special Instruc	PLATELI 10990 PP	ETS FOR SURGE O HLA platelet re	ERY# U equest on file)	inits
Indication: P	Active Platelet Platelet Surgica Pla Pla Pla	bleeding and p t count less that t count less that al/invasive proc atelet count less atelet count less t dysfunction as	Fusion	aL patient nce of rish cocedures CNS, eye, ttient's ch	k factor for bleedi with minimal risk airway, or other art	x of bleeding	es

Rev: 4/29/2014 S *Centricity:*

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PLASMA Dose: 10-15mL/kg of body weight (3-4 units = 800-1000mL), 1 unit (200-300 mL)						
Transfuse: Number of Units# Units# Units# Units# Units# Units# Units# Units# TODAY# Special Instructions#						
Indication: INR prior to transfusion						
CRYOPRECIPITATE Supplied as a pool of 5 units. Dose: 1 unit per 7-10 kg body weight (usual dose 10 units in adult). Not indicated in the absence of bleeding Transfuse: Number of pools						
5. SPECIAL MODIFICATION FOR RBC'S AND PLATELETS Note: All RBC's and PLATELETS are Leukoreduced, and CMV Safe Cytomegalovirus Seronegative LRBC or Platelet (Patient CMV status (required)) Irradiated Blood Products Washed LRBC or Platelets (call transfusion service 16262 for required approval). Other:						
6. MEDICATIONS: Routine use of premedication is not recommended unless h/o transfusion reaction Acetaminophen Tablet 650 mg PO prior to first unit. DiphenhydrAMINE Capsule 25 mg PO prior to first unit DiphenhydrAMINE Injection 25 mg IV (if unable to tolerate PO may give IV) prior to first unit. Other: Furosemide Injection mg IV before first unit of PRBC's after first unit of PRBC's POST TRANSFUSION LABS: Platelet count within 10-60 minutes						
Hgb within hours						
Physician Signature/Title						

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