



USE THIS ORDER SET FOR OUTPATIENT NON URGENT BLOOD OR PLATELET TRANSFUSION

24 Hours advanced notice required for infusion center

NO MORE THAN 2 UNITS OF RED BLOOD CELLS AND/OR 2 UNITS OF PLATELETS CAN BE INFUSED AS AN OUTPATIENT PER DAY

CHOOSE ONE SITE LISTED:

_____ BEAUFORT Outpatient Infusion Center: Fax completed order set to Registration 843-522-7313/Phone 843-522-7330 AND to the Blood Bank at 843-470-0832/Phone 843-522-5081.

_____ HOSPITAL Outpatient: Fax completed order set to Registration at 843-522-5741 AND to the Blood Bank at 843-470-0832/Phone 843-522-5081. Also notify Nursing Supervisor at 843-522-7653.

ALL INFORMATION BELOW IS REQUIRED BY ORDERING PHYSICIAN

Service Designation

THIS IS NOT AN ADMISSION SET

Patient Name _____ Patient DOB _____

Service Designation Blood Platelet Outpatient

Attending/Ordering Physician _____ Date Requested _____ Status Outpt

Check Appropriate Diagnosis Below:

- Anemia of chronic renal disease D63.1
- Anemia related to chemotherapy D64.81
- Myelodysplasia D46.9
- Anemia related to cancer D63.0
- Anemia related to blood loss D50.0
- Sickle cell disease D57.1
- Anemia unspecified D64.9
- Thombocytopenia (platelets) D69.6
- Other _____]

Allergies

Update Allergies in the Summary Panel in MEDITECH

Special Requirement: (REQUIRES SPECIAL ORDER ONE DAY IN ADVANCE)

Special Requirement RBC or Platelets

REQUIRES SPECIAL ORDER ONE DAY IN ADVANCE [Irradiated CMV Negative HgBS Negative]

Vital Signs

Per BMH Policy, Blood and Blood Component Administration, 07.02

Diet

Mediterranean Style Diet

2 Gm Sodium Diet

Regular 7 Diet

1800 kcal Consist Carb - REPLACE wConsistent Carb 4 Diet

Other Diet *per patient choice* _____

Medications

diphenhydrAMINE HCl (Benadryl) 25 mg orally single dose *premedicate prior to transfusion*

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diphenhydrAMINE HCl (Benadryl) 25 mg intravenously single dose *premedicate prior to transfusion*

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Acetaminophen (Tylenol) orally *premedicate prior to transfusion*

Furosemide (Lasix) _____ mg via intravenous bolus single dose *premedicate prior to transfusion*

Furosemide (Lasix) _____ mg via intravenous bolus single dose *in between units # _____ and _____*

Blood Bank

Physician's Signature _____

Date _____ Time _____



ORD





- Crossmatch Red Blood Cells Urgent - Quantity _____
- Crossmatch Platelets Single Donor Apheresis Urgent - Quantity _____

Labs Required

- Type and Screen *within 72 hours of planned transfusion*
- CBC w Auto Differentiation *within 72 hours of planned transfusion*

Red Blood Cells

-SINGLE UNIT Transfusion of Red Cells is often effective
 -One unit of red blood cells (RBC's) will typically increase Hgb by approx. 1 g/dL and Hct by 3% in an adult
 -AABB :“Transfusion triggers” should not be used as the sole indicator for transfusion, but rather in conjunction with clinical and physiologic symptoms, i.e. tachycardia, shortness of breath, active bleeding. The AABB suggests that transfusion be guided by symptoms rather than hemoglobin concentration

Indications and Symptoms:

- Lab Indication (SELECT ONE)
 Hgb <= 7 g/dL Hgb 7.1 - 8.0 g/dL Hgb > 8.0 g/dL Based on labs dated _____]
- Clinical Symptoms (SELECT ALL THAT APPLY)
 Tachycardia Hypotension Syncopal Actively bleeding Chest pain Shortness of breath Sickle cell crisis Other (reason required) _____]
- Clinical Indication: Anemia secondary to: (SELECT ALL THAT APPLY)
 Cancer GI bleeding Renal disease Sickle cell disease Surgical blood loss Fracture Uterine bleeding Postpartum bleeding Coronary Artery Disease CHF Myocardial Infarction Angina Cardiovascular Disease Acute Coronary Syndrome Hemolytic disease Other (reason required) _____]

Red Blood Cell Transfusion Orders:

- Transfuse Red Blood Cells (RBC's) [1 UNIT if hemoglobin (SELECT ONE) HGB <=7 HGB 7.1 - 8 HGB > 8]
- Transfuse Red Blood Cells (RBC's) [2 UNITS if hemoglobin (SELECT ONE) HGB <=7 HGB 7.1 - 8 HGB > 8]

Post Transfusion Lab Orders:

- Obtain HGB/HCT post RBC transfusions
- Phy Notify HGB post RBC transfusions

Platelets

A single donor apheresis unit will typically increase the platelet count by 25 K/uL - 35 K/uL

Indications:

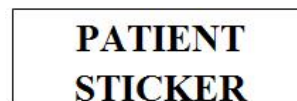
- Lab Indication (SELECT ONE)
 Platelet count less than 10K/uL with failure of platelet production Platelet count less than 20 K/uL with signs of hemorrhagic diathesis (petechia, mucosal bleeding) Platelet count less than 50 K/uL in a patient with active bleeding Platelet count less than 100 K/uL prior to invasive procedure Other (reason required) _____]
- Clinical Indication: Thrombocytopenia secondary to: (SELECT ALL THAT APPLY)
 Aplastic anemia Cancer Chemo/Radiation Failed platelet production Non-functional platelets Other (reason required) _____ Hemorrhage]

Platelet Transfusion Orders:

- Transfuse SINGLE DONOR APHERESIS (Platelets) [1 UNIT _____ UNIT(S)]

Discharge

Physician's Signature _____
 Date _____ Time _____



**Blood / Platelet Orders Outpt
v10**



**Beaufort Memorial
HOSPITAL**

- Discharge Alert *Discharge 1 hour post transfusion if stable (no signs and symptoms of transfusion reaction.)*
- For any orders that are not covered on this order set, please contact ordering physician. (Note: If they are BMH MD, they are able to enter CPOE. If not BMH MD, they will need to fax a signed order.)

Physician's Signature _____

Date _____ Time _____



ORD

**PATIENT
STICKER**