

Outpatient Blood Transfusion/Platelet Order Set

ONLY CHECKED BOXES BELOW WILL BE EXECUTED; ALL BLANK OR CROSSED-OUT ORDERS ARE INACTIVE

Date: ____/____/____

Patient Name: _____

Date of Birth: ____/____/____

Allergies: _____

Diagnosis Code: _____

- Anemia of chronic renal disease (D63.1)
- Anemia related to chemotherapy (D64.81)
- Anemia related to cancer (D63.0)
- Anemia unspecified (D64.9)
- Anemia related to blood loss (D50.0)/acute (D62.0)
- Bone marrow failure (D61.9)
- Sickle cell disease (D57.1)
- Thrombocytopenia (platelets) (D69.6)
- Other: _____

*All of the above blanks are required fields.

Medications

- Diphenhydramine
 - 25mg 50mg PO IV one dose prior to transfusion
- Acetaminophen 650 mg PO one dose prior to transfusion
- Furosemide: _____ mg
 - IV one dose prior to transfusion
 - IV one dose in between units 1 and 2

Platelets

Transfuse _____ Unit(s).

Most recent platelet count ____/mm³

Date of Lab Results ____/____/____

- A. A single dose of apheresis platelets adult: Will increase the platelet count by 5,000 mm³- 7,500 mm³.
- B. Minimum effective dose of all blood should be used.
- C. Check at least one indication for Platelet order below.
 - Platelet count < 10,000 mm³ prophylactically in a patient with failure of platelet production
 - Platelet count < 20,000 mm³ and signs of bleeding
 - Platelet count < 50,000 mm³ in a patient with:
 - Invasive procedure (recent, in progress, planned)
 - Platelet dysfunction of _____

*Special Requirements

- Irradiated
- CMV Neg

Packed Red Blood Cells

- A. One unit of PRBC's in an adult will increase Hgb by approximately 1 g/dL and Hct by 3%.
- B. Minimum effective dose of all blood should be used.
- C. Single unit transfusion of PRBC's is often effective.

DOCUMENT MOST RECENT:

Hgb _____ g/dL or HCT _____%

Date of Lab Results ____/____/____

CHECK INDICATION FOR BLOOD ORDER BELOW:

- Hgb < 7g/dL OR Hct < 24% euvoletic and symptomatic (SOB, chest pain, tachycardia, fatigue, dizziness, or active bleeding)
- Hgb < 8g/dL or Hct < 27% euvoletic in a patient with CAD, unstable angina, MI and symptomatic (SOB, chest pain, tachycardia, fatigue, dizziness, or active bleeding)

Transfuse _____ Unit(s). Type and screen must be done within 72 hours prior to transfusion.

*Special Requirements

- Irradiated
- CMV Neg

NO MORE THAN 3 UNITS OF PRBC'S CAN BE INFUSED IN OUTPATIENT INFUSION THERAPY PER DAY WITHOUT MEDICAL DIRECTOR APPROVAL

Informed Consent **REQUIRED**

I have Informed _____ (Patient Name) _____ of the risks, benefits and alternatives of blood product(s) infusion.

CBC must be performed 7 days or less from the date of the transfusion. CBC results after last transfusion is also acceptable if more recent. If a recent CBC is not provided, a CBC will be ordered. The Medical Director has approved ordering a CBC (if the referring provider did not order).

**** THE FOLLOWING IS REQUIRED ****

Ordering Physician Signature

Print Name

Date

Time



(Place Patient ID Label here)