



# Adult Outpatient Blood Transfusion Orders

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Patient  
Last / First Name: \_\_\_\_\_  
  
Date of Birth: \_\_\_\_\_  
  
Patient Address: \_\_\_\_\_  
  
Patient CSN #: \_\_\_\_\_

**Orders with boxes ( ) will be completed only if ✓.**

**Diagnosis:** \_\_\_\_\_

**Labs:**

Blood Bank Tests – Type and Screen Required

Pre-Transfusion Labs

Post-Transfusion Labs

CBC

CBC

Protime-INR

Protime-INR

APTT

APTT

Fibrinogen

Fibrinogen

**Transfusion Orders:**

Infusion Appointment Request – Blood Products: Transfuse blood products as specified below

Platelets (Pheresed):

Fresh Frozen Plasma (FFP):

Red Blood Cells

Prepare Platelets # Units: \_\_\_\_\_

Prepare FFP # Units: \_\_\_\_\_

Prepare PRBC# Units: \_\_\_\_\_

Transfusion may be administered as rapidly as desired and tolerated. Refer to *Blood Products, Administration Of* policy.

Transfuse as fast as the patient can tolerate, not to exceed 4 hours per unit. Refer to *Blood Products, Administration Of* policy.

Transfuse each unit over 2 hours unless otherwise specified (Do not exceed 4 hours per unit). Refer to *Blood Products, Administration Of* policy

Special Requirements:

Indications:

Special Requirements:

CMV Negative

Abnormal coagulation test (INR greater than 1.5, PTT greater than 45 sec) and patient bleeding

Irradiated

Irradiated

Abnormal coagulation test (INR greater than 1.5, PTT greater than 45 sec) as needed for perioperative prophylaxis

CMV Negative and Irradiated

CMV Negative and Irradiated

Thrombotic Thrombocytopenia Purpura (TTP)

• For other special requirements, please contact RCH Blood Bank at 605-755-8087

• For other special requirements, please contact RCH Blood Bank at 605-755-8087

Other (specify): \_\_\_\_\_

Indications:

Indications:

Platelet count less than 10,000/uL

Cryoprecipitate:

Hgb less than 7 g/dL

Pre-op or invasive procedure and platelet count less than 50,000/uL

Prepare Cryoprecipitate # Units: \_\_\_\_\_

Anemia with cardiac or pulmonology compromise

Operative bleeding and platelet count less than 100,000/uL

Transfuse as rapidly as possible to retain potency of the clotting factors. Refer to *Blood Products, Administration Of* policy.

Hgb less than 10 g/dL, evidence of acute coronary syndrome

Bleeding, qualitative bleeding disorder (abnormal platelet function test)

Indications:

Hgb less than 10 g/dL and undergoing radiation treatment

Documented platelet dysfunction

Fibrinogen deficiency (less than 100 mg/dL) and bleeding

Potential significant blood loss (i.e. surgery)

Other (specify): \_\_\_\_\_

Von Willebrand's disease

Other (specify): \_\_\_\_\_

Provider Name PRINTED: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Original: PROVIDER ORDERS TAB Faxed to Pharmacy by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



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**Medications:**

- Pre-Medications:
  - Diphenhydramine 25 mg PO once prior to transfusion
  - Diphenhydramine 25 mg IV once prior to transfusion
  - Acetaminophen 650 mg PO/PR once prior to transfusion
- Furosemide (LASIX) 20 mg IV between units
- Furosemide (LASIX) 20 mg IV after transfusion complete
- Other (specify): \_\_\_\_\_

**Patient will be treated according to the following policies:**

Blood Products, Administration  
Blood Transfusion Reaction

**Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider Name PRINTED: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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