

Blood Transfusion Pre-printed Orders
(CHECK ALL THAT APPLY)

Original Date	11/2006	Revision Date		Withdrawn Date	
---------------	---------	---------------	--	----------------	--

1. Outpatient Status for blood transfusion.
(Schedule all non emergent transfusions through Central Scheduling 283-5332 for the next calendar day, Central Scheduling fax number 283-5480)
2. Order pre-transfusion Hgb or verbal Hgb level _____
Diagnosis _____
Allergies _____
Diet _____
3. Type and Cross _____ units of PRBC or
_____ units of Leukocyte poor blood
4. Start I.V. or Normal Saline 30ml per hour (16, 18 or 20 gauge cannula)
5. Pre medicate with: (check all that apply)
 - Acetaminophen (Tylenol) 650 mg P.O. X 1 dose
 - Diphenhydramine (Benadryl) 25 or 50 (circle one) mg I.V. X 1 dose
 - Diphenhydramine (Benadryl) 25 or 50 (circle one) mg PO x 1 dose
 - Furosemide (Lasix) 10 or 20 or 40 mg (circle one) mg IV x 1 dose
 - Methylprednisolone (Solu-Medrol) 40 mg IV x 1 dose
 - Other _____
6. Transfuse each unit over 2 hours or _____ hours.
(not to exceed 4 hours)
7. Lasix _____ mg I.V. in between units.
8. Post-transfusion Hgb (30 minutes after last unit)
9. Nursing to monitor Vital Signs as follows:

 Prior to initiation of transfusion
 15 minutes after initiating transfusion
 Hourly and prn thereafter
10. Additional Orders _____

Physician Signature

____/____/____ Date ____:____ Time

PATIENT STICKER