

## **Spectrum** Physician's Orders **Health** BLOOD PRODUCTS -ADULT, OUTPATIENT, **INFUSION CENTER**

Page 1 to 4

Patient Name
DOB
MRN
Physician
CSN

<ul><li>☐ Interval: Once</li><li>☐ Interval: Every</li><li>☐ Interval: Every</li></ul>	not otherwise specified below: Days (Oncologists/Hematologis Visit (Oncologists/Hematologists only ent transfusion need to get patient sch	r) – Standing orders, requi	res scheduling instruction sheet for
Duration:			
□ Until date:			
□ 1 year □ # of Tre	actmente		
□# of Tre	eauments		
Anticipated Infusion Da	teICD 10 Code with	Description	
Height	(cm) Weight(kg) Allerg	ies	
Site of Service			
☐ SH Gerber	☐ SH Lemmen Holton (GR)	☐ SH Pennock	☐ SH United Memorial
☐ SH Helen DeVos (GR)  Provider Specialty	☐ SH Ludington	☐ SH Reed City	☐ SH Zeeland
☐ Allergy/Immunology	☐ Infectious Disease	□ OB/GYN	□ Rheumatology
□ Cardiology	☐ Internal Med/Family Practice	□ Other	☐ Surgery
☐ Gastroenterology	☐ Nephrology	□ Otolaryngology	☐ Urology
☐ Genetics	☐ Neurology	□ Pulmonary	☐ Wound Care
Status: Futur Infusion  Infusion Ap	opt (Initial Order) re, Expected: S, Expires: S+365, Sched. Tolera pt (Subsequent Order) – FOR PRN O e, Expected: S, Expires: S+365, Sched. Tolera	RDERS ONLY PRN	led nost 3 days before or at most 3 days after,
Blood Products			
patients with know	lood Transfusion Guidelines, hemoglobin level n cardiovascular disease.  ents: egative ell (Hgb S) negative d duced  pus Reduced	edical comorbidities undergoing orthopedic or cardiac	

\*\*RBC ORDERS CONTINUE ON NEXT PAGE\*\*



## **Spectrum** BLOOD PRODUCTS - ADULT, OUTPATIENT, **INFUSION CENTER** (CONTINUED)

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Patient Na	ame		
DOB			
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	1 450 2 10 1
Prepare	Blood Products (continued)
	Use Blood Warmer?  □ No
	□ Yes, Indication:
	□ Exposure/Trauma
	□ Cold agglutinin disease
	□ Cold agglutinin hemolytic anemia
	□ Paroxysmal cold hemoglobinuria
	□ Cold urticaria
	□ Other:
	ABO/Rh Type Preferred:
	□ Type O
	□ Type A
	□ Type B
	□ Rh Positive
	☐ Rh Negative ABO/Rh Type Accepted:
	☐ Type O volume reduced
	☐ Type A volume reduced
	□ Type B volume reduced
	□ Rh Positive
	□ Rh Negative
	Duration of Transfusion:
	□ 30 minutes
	□ 1 hour
	□ 2 hours
	□ 3 hours
	4 hours
	□ Bolus
	Has Informed Consent Been Obtained? (Verify consent is attached to orders)  □ Yes
	STAT
	Prepare & Transfuse Platelets
	- A 11-2-
	□ 1 Units □ 2 Units
	Transfusion indications:
	□ Plts =10K/µL for prophylactic bleeding control in therapy related, hypo-proliferative
	□ Pits =20K/µL for central venous catheter placement
	□ Plts =20K/µL for patients with sepsis or a bleeding diathesis
	□ Plts =50K/µL in bleeding thrombocytopenic patients
	□ Plts =50K/μL for patients having elective major non-neuraxial invasive surgery
	□ Plts =100K/μL for patients having neuraxial invasive surgery
	□ Massive transfusion and bleeding
	□ Other
	Special Requirements:
	□ CMV Negative
	☐ HLA match
	□ Irradiated □ Leukoreduced
	□ Washed
	□ Volume Reduced
	Duration of Transfusion:
	□ 30 minutes
	□ 60 minutes
	□ Bolus
	Has Informed Consent Been Obtained? (Verify consent is attached to orders)
	□Yes
	Pathogen Reduced (equivalent to irradiated and CMV Negative) Exclusion Reason:
	□ Hypersensitivity to psoralen
	□ Other:



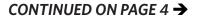
STAT



## Spectrum BLOOD PRODUCTS - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

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Prepare	Blood Products (continued)
	Prepare & Transfuse Fresh Frozen Plasma
	□ 1 Units
	□ 2 dinis
	Transfusion indications:
	□ INR >1.7 in a non-bleeding patient scheduled for surgery or invasive procedure
	□ INR >1.7 with diffuse microvascular bleeding in a patient given greater than or equal to one blood volume
	☐ Massive transfusion
	□ Reversal of warfarin anticoagulant therapy with major bleeding or impending surgery when oral/IV vitamin K or prothrombin
	complex concentrate (PCC) is not available
	□ Therapeutic plasma exchange □ Other
	Duration of Transfusion:
	□ 30 minutes
	□ 60 minutes
	□ Bolus
	Has Informed Consent Been Obtained? (Verify consent is attached to orders)
	□ Yes STAT
	Prepare & Transfuse Cryoprecipitate
_	□ 1 Units
	2 Units
	Transfusion indications:
	□ Fibrinogen <= 100 mg/dL
	□ Fibrinogen <= 150 mg/dL AND active hemorrhage
	□ Dysfibrinogenemia WITH bleeding □ Other
	Duration of Transfusion:
	□ 30 minutes
	□ 60 minutes
	□ Bolus Has Informed Consent Been Obtained? (Verify consent is attached to orders)
	Yes
	STAT
Other C	orders
Othor C	Interval
Г	✓ Infusion Appointment Request
L	Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after,
	Schedule one appointment
Г	Type and Screen (Required for RBC)
-	Status: Future, Expected: S, Expires: S+365, Routine, Lab Collect
	Testing is for:
	□ Surgery/Procedure
	□ Transfusion
	☐ Labor & Delivery Admission
	□ None of the Above Where will the surgery/procedure, transfusion or labor & delivery admission occur?
	Hospital/Clinic Location:
	Date of Surgery/Procedure/Labor & Delivery Admission?
	Has the patient been transfused with any blood products or been pregnant in the last three months?
	☐ Transfused – where did last transfusion occur?
	□ Pregnant □ Neither
	If patient is testing for Labor & Delivery Admission: Has the patient received RH Immune Globulin in past 6 months?
	□ Yes – Date RH Immune Globulin Administered?
	□ No
	Acknowledgement: If patient transfused or pregnant in last three months, specimen must be drawn within 3 days of procedure.
	□ Yes
	□ No Acknowledgement: If nation NOT transfused or pregnant in last three months, specimen must be drawn within 7 days of precedure
	Acknowledgement: If patient NOT transfused or pregnant in last three months, specimen must be drawn within <b>7</b> days of procedure.  □ Yes
	□ No
Г	AB/O (Required for all other products)
L	Status: Future, Expected: S, Expires: S+365, Routine, Lab Collect
г	
1	✓ ONC NURSING COMMUNICATION 146



Verify Consent - Blood Administration



## Spectrum BLOOD PRODUCTS Health ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

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<b>✓</b>	Vital Signs Routine, Per policy, Starting S For Until specified, Obtain vital signs, inclutransfusion. Ensure that the same route and thermometer is used through 1. 15 minutes after the start 2. 30 minutes after start		wing intervals after start of the
	3. 1 hour after start		
	4. Continue every hour until transfusion is completed		
	5. 1 hour after the completion of the transfusion		
<b>✓</b>	Notify Provider (Specify) Routine, Until discontinued, Starting S For Until specified Notify Provider:		
	Stop transfusion and notify provider & Blood Bank for any of the following changes, chills, abdominal / flank pain, shortness of breath, chest pain, re		
✓	sodium chloride 0.9% bolus injection 50 mL		
	50 mL, Intravenous, See Admin Instructions, Starting S, For 1 Doses Prime line. Hold sodium chloride during blood product transfusion. Flush	line after completion of last up	nit
	acetaminophen (TYLENOL) tablet 650 mg	o and odinproduct or last a	
_	650 mg, Oral, Once, Starting S, For 1 Doses		
	Administer 30min before blood products		
	diphenhydrAMINE (BENADRYL) capsule  Oral, Once, Starting S, For 1 Doses  25 mg 50 mg  Administer 30 minutes before blood products		
	Other medication with dose:		
	meperidine (DEMEROL) injection 12.5 mg 12.5 mg, Intravenous, Administer over 5 Minutes, Once PRN, Shivering,	PRN Starting S, For 1 Doses	
	furosemide (LASIX) injection 20 mg  20 mg, Intravenous, Administer over 2 Minutes, Once, Starting S, For 1  20 mg, Intravenous, Administer over 10 Minutes, Unscheduled, Starting		
	Complete Blood Count without Differential Status: Future, Expires: S+365, Routine, Clinic Collect, Blood, Blood, Ver	nous	
	Prothrombin Time (PT with INR) Status: Future, Expires: S+365, Routine, Clinic Collect, Blood, Blood, Ver	nous	
<b>✓</b>	Transfusion Reaction Workup Status: Future, URGENT, Clinic Collect	PRN	
	Other Labs:	□ Everydays □ Once	☐ Until date: ☐ 1 year ☐ # of Treatments

EPIC VERSION DATE: 01/10/19

TIME

DATE

TIME

Sign

DATE

TIME

R.N. Sign

DATE

**Physician Print** 

Pager #

Physician