Corewell Health™

Physician's Orders BLOOD PRODUCTS - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

Patient Name
DOB
MRN
Physician
CSN

Defaults for orders not otherwise specified below:

- ☐ Interval: Once
- ☐ Interval: Every ____ Days (Oncologists/Hematologists only)
- ☐ Interval: Every Visit (Oncologists/Hematologists only) – Standing orders, requires scheduling instruction sheet for each subsequent transfusion need to get patient scheduled

Duration:

- ☐ Until date: _____
- ☐ 1 year
- ☐ _____# of Treatments

Anticipated Infusion Date_____ ICD 10 Code with Description_____

Height_____(cm) Weight_____(kg) Allergies_____

Site of Service

☐ CH Gerber ☐ CH Lemmen Holton (GR) ☐ CH Pennock ☐ CH Greenville
☐ CH Helen DeVos (GR) ☐ CH Ludington ☐ CH Reed City ☐ CH Zeeland
☐ CH Blodgett (GR)

Provider Specialty

☐ Allergy/Immunology ☐ Infectious Disease ☐ OB/GYN ☐ Rheumatology
☐ Cardiology ☐ Internal Med/Family Practice ☐ Other ☐ Surgery
☐ Gastroenterology ☐ Nephrology ☐ Otolaryngology ☐ Urology
☐ Genetics ☐ Neurology ☐ Pulmonary ☐ Wound Care

Appointment Requests

☑ Initial infusion Appointment Request

☑ Subsequent infusion Appointment Request

Blood Products

☐ **Prepare & Transfuse RBC**

- ☐ 1 Unit
- ☐ 2 Units

Special Requirements:

- ☐ CMV Negative
- ☐ Sickle Cell (Hgb S) negative
- ☐ Irradiated
- ☐ Leukoreduced
- ☐ Washed
- ☐ Autologous
- ☐ Directed
- ☐ Volume Reduced

Transfusion indications:

- ☐ Acute bleeding with hemodynamic instability
- ☐ Hgb less than 7.0 g/dL
- ☐ Hgb less than 10 g/dL, pt symptomatic (i.e, bleeding, tachycardia, ECG changes, angina, shortness of breath, mental status changes)
- ☐ Other _____

ABO/Rh Type Preferred: For Transplant Only

- ☐ Type O
- ☐ Type A
- ☐ Type AB
- ☐ Rh Positive
- ☐ Rh Negative

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NOTE: *Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.*

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Prepare Blood Products (continued)

ABO/Rh Type Accepted: For Transplant Only
- ☐ 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

☐ **Prepare & Transfuse Platelets**
- ☐ 1 Unit
- ☐ 2 Units

Special Requirements:
- ☐ Irradiated
- ☐ CMV Negative
- ☐ Leukoreduced
- ☐ HLA Match
- ☐ Washed
- ☐ Volume Reduced

Transfusion indications:
- ☐ Plts =10K/µL for prophylactic bleeding control in therapy related, hypo-proliferative
- ☐ Plts =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 _____

Transfusion Duration Per Unit:
- ☐ 30 minutes
- ☐ 1 hour
- ☐ 2 hours
- ☐ 3 hours
- ☐ 4 hours
- ☐ 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: _____

☐ **Prepare & Transfuse Fresh Frozen Plasma**
- ☐ 1 Unit
- ☐ 2 Units
- ☐ 4 Units

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 _____

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Prepare Blood Products (continued)

Transfusion Duration Per Unit:
- ☐ 30 minutes
- ☐ 1 hour
- ☐ 2 hours
- ☐ 3 hours
- ☐ 4 hours
- ☐ Bolus

Has Informed Consent Been Obtained? (Verify consent is attached to orders)
- ☐ Yes

☐ **Prepare & Transfuse 5-Pack Cryoprecipitate**
- ☐ 1 Unit
- ☐ 2 Units

Transfusion indications:
- ☐ Fibrinogen <= 100 mg/dL
- ☐ Fibrinogen <= 150 mg/dL AND active hemorrhage
- ☐ Dysfibrinogenemia WITH bleeding
- ☐ Other _____

Transfusion Duration Per Unit:
- ☐ 30 minutes
- ☐ 1 hour
- ☐ 2 hours
- ☐ 3 hours
- ☐ 4 hours
- ☐ Bolus

Has Informed Consent Been Obtained? (Verify consent is attached to orders)
- ☐ Yes

Other Orders

☑ Type and Screen
Routine, Lab Collect
Testing is for:
- ☐ Surgery/Procedure
- ☐ Transfusion
- ☐ Labor and Delivery Admission
- ☐ None of the above

☑ ONC NURSING COMMUNICATION 146
Verify Consent - Blood Administration

☑ Vital Signs
Routine, Per policy
Obtain vital signs, including temperature and SpO2 , at the following intervals after start of the transfusion.
Ensure that the same route and thermometer is used throughout the transfusion.
1. 15 minutes after the start
2. 1 hour after start
3. At completion of the transfusion
4. 30 minutes after the completion of the transfusion

☑ ONC NURSING COMMUNICATION 100
May Initiate IV Catheter Patency Adult Protocol

☑ Notify Provider (Specify)
Stop transfusion and notify provider & Blood Bank for any of the following: sudden vital sign changes, chills, abdominal / flank pain, shortness of breath, chest pain, restlessness, or infusion site pain.

☑ sodium chloride 0.9% bolus injection 500 mL
500 mL, Intravenous, See Admin Instructions, for 1 dose
Prime line. Hold sodium chloride during blood product transfusion. Flush line after completion of last unit.

☐ acetaminophen (TYLENOL) tablet 650 mg
650 mg, Oral, Once
Administer 30min before blood products

☐ diphenhydrAMINE (Benadryl) capsule
Oral, Once
- ☐ 25 mg
- ☐ 50 mg

Administer 30min before blood products

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Packed Red Blood Cell Transfusion (continued)

☐ diphenhydrAMINE (Benadryl) injection
Intravenous, Once
☐ 25 mg
☐ 50 mg
Administer 30min before blood products

☐ furosemide (LASIX) injection 20 mg
☐ 20 mg, Intravenous, Once. Administer after transfusion is completed.
☐ 20 mg, Intravenous, Administer over: 10 Minutes, PRN, Administer after each unit is completed

☐ Complete Blood Count without Differential
Routine, Clinic Collect, Normal

☐ Prothrombin Time (PT with INR)
Routine, Clinic Collect, Normal

☐ Transfusion Reaction Workup
URGENT, Clinic Collect, Normal

Emergency Medications

☑ acetaminophen (TYLENOL) tablet 650 mg
650 mg, Oral, Once PRN, Fever, for 1 dose
For use in patients that HAVE had acetaminophen given as a pre medication

☑ acetaminophen (TYLENOL) tablet 975 mg
1,000 mg, Oral, Once PRN, Fever, for 1 dose
For use in patients that have NOT had acetaminophen given as a pre medication

☑ diphenhydrAMINE (BENADRYL) injection 50 mg
50 mg, Intravenous, Once PRN, Other, Redness, rash, or shortness of breath, for 1 dose

☑ sodium chloride 0.9% bolus injection 500 mL
500 mL, Intravenous, Once PRN, Low Blood Pressure, hypotension (acute drop of > 20 mmhg or more in systolic/diastolic blood pressure), for 1 dose

☑ ONC NURSING COMMUNICATION 147
Routine, Once
Oxygen per protocol for hypoxia

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Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		**VALIDATED:**		**ORDERED:**			
TIME	**DATE**	**TIME**	**DATE**	**TIME**	**DATE**	Pager #	
	Sign		**R.N. Sign**		**Physician Print**		**Physician Sign**

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