Spectrum Health

Physician's Orders
BLOOD PRODUCTS - PEDIATRIC, OUTPATIENT, INFUSION CENTER

Patient Name
DOB
MRN
Physician
FIN

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_____

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

Site of Service

☐ SH Gerber	☐ SH Lemmen Holton (GR)	☐ SH Pennock	☐ SH United Memorial
☐ SH Helen DeVos (GR)	☐ SH Ludington	☐ SH Reed City	☐ SH Zeeland

Blood Products

	Interval	Duration

☐ Prepare & Transfuse RBC

- ☐ 1 Units
- ☐ 2 Units
- ☐ _____ mL, Tube Priming? Add 5mL for Tube Priming

Transfusion indications:
- ☐ Acute blood loss
- ☐ Anemia Hgb < 7 g/dL
- ☐ Bone Marrow Failure
- ☐ Cardiovascular Disease Hgb < 8 g/dL
- ☐ Exchange Transfusion
- ☐ Hemodynamic Instability Symptomatic
- ☐ Hgb < 8 g/dL secondary to chemotherapy
- ☐ Radiation and Hgb < 10 g/dL
- ☐ RBC Abnormality with Hgb < 8 g/dL
- ☐ Other _____

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

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

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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)

	Interval	Duration

☐ Prepare & Transfuse Platelets

- ☐ 1 Units
- ☐ 2 Units
- ☐ _____ mL

Transfusion indications:

- ☐ Bleeding with count < 50k
- ☐ Invasive Procedure (Active Bleed) < 100k
- ☐ Neurosurg procedure with count < 100k
- ☐ Non bleeding with count < 10k
- ☐ Non neurosurg procedure with count < 50k
- ☐ Thrombocytopenia
- ☐ 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

☐ Prepare & Transfuse Fresh Frozen Plasma

- ☐ 1 Units
- ☐ 2 Units
- ☐ _____ mL, Tube Priming? Add 5mL for Tube Priming

Transfusion indications:

- ☐ Correction of INR 1.6 or greater
- ☐ Correction of INR for Vitamin K patients
- ☐ Factor deficiency replacement
- ☐ herapeutic plasma exchange
- ☐ Other _____

Duration of Transfusion:

- ☐ 30 minutes
- ☐ 60 minutes
- ☐ Bolus

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

- ☐ Yes

STAT

Other Orders

	Interval	Duration
☑ Infusion Appointment Request	Once	1 treatment

Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Schedule one appointment

☐ Type and Screen (Required for RBC)

Is this testing for Surgery/Procedure, Transfusion, or Labor and Delivery Admission? Transfusion

Where will procedure occur? Send to blood bank associated with infusion dept

Has patient been transfused with any blood products or been pregnant in the last 3 months?

- ☐ Transfused
- ☐ Pregnant
- ☐ Neither

Where did last transfusion occur if applicable? _____

Status: Future, Expected: S, Expires: S+365, Routine, Lab Collect

☐ AB/O (Required for all other products)

Status: Future, Expected: S, Expires: S+365, Routine, Lab Collect

☑ ONC NURSING COMMUNICATION 146

Verify Consent - Blood Administration

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	Interval	Duration
☑ Vital Signs Routine, Per policy, Starting S For Until specified Obtain vital signs, including temperature, 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. 30 minutes after start 3. 1 hour after start 4. Continue every hour until transfusion is completed 5. 1 hour after the completion of the transfusion		
☑ 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: temperature increases by 1 or more degree Celcius, sudden vital sign changes, chills, abdominal / flank pain, shortness of breath, chest pain, restlessness, or infusion site pain.		
☑ 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 unit.		
☐ acetaminophen (TYLENOL) Oral, Once, Starting S, For 1 Doses Dose: ☐ 15 mg/kg suspension 32 mg/mL ☐ 15 mg/kg tablet ☐ 15 mg/kg ODT ☐ ____ mg Administer 30min before blood products		
☐ diphenhydrAMINE (BENADRYL) Once, Starting S, For 1 Doses ☐ 0.5 mg/kg elixir 12.5 mg/5mL, oral ☐ 0.5 mg/kg injection ☐ 0.5 mg/kg capsule, oral ☐ ____ mg Administer 30min before blood products		
☐ Other medication with dose: _____		
☐ methylPREDNISolone sodium succinate (SOLU-Medrol) injection 0.5 mg/kg (Treatment Plan) 0.5 mg/kg, Intravenous, for 5 Minutes, Once, Starting S, For 1 Doses Administer 30 minutes prior to RBC blood products. To reconstitute Act-O-Vial: Push top of vial to force diluent into lower compartment, then gently agitate. NON Act-O-Vials may be reconstituted with 2 mL of 0.9% sodium chloride for injection or bacteriostatic water for injection.		
☐ furosemide (LASIX) injection 0.5 mg/kg Intravenous, for 10 Minutes, Once, Starting S, For 1 Doses ☐ 0.5 mg/kg ☐ _____ mg Administer after blood transfusion is completed.		
☑ Transfusion Reaction Workup Status: Future, URGENT, Clinic Collect	PRN	
☐ Other Labs: _____	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments

PEDS HYPERSENSITIVITY REACTIONS (add for possible blood reactions), select correct dose and route for patient

Nursing Orders

	Interval
☑ ONC NURSING COMMUNICATION 1 Notify provider of hypersensitivity reaction. Hypersensitivity reaction is defined as chills, nausea, vomiting, headache, hives, wheezing, respiratory distress, angioedema, or hypotension.	PRN

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	Interval
☑ ONC NURSING COMMUNICATION 2 If patient has any symptoms of a hypersensitivity reaction, immediately stop medication infusion and obtain vital signs. Maintain IV patency with 0.9% sodium chloride at 10 mL/hour.	PRN
☑ ONC NURSING COMMUNICATION 3 In the event of a severe hypersensitivity reaction, place patient in recumbent position to maintain blood flow to vital organs. Call Rapid Response.	PRN
☑ ONC NURSING COMMUNICATION 4 - Mild hypersensitivity reaction is defined as chills, nausea, headache. Blood pressure should be within 20% of baseline measurement. - Moderate hypersensitivity reaction is defined as angioedema, few (not diffuse) hives, vomiting, or wheezing with O2 sats greater than or equal to 90%. Blood pressure should be within 20% of baseline measurement. - Severe hypersensitivity reaction is defined as O2 sats less than or equal to 90%, blood pressure decrease of 20% or more from baseline, respiratory distress, moderate angioedema, repetitive vomiting, and/or whole body hives.	PRN
☑ ONC NURSING COMMUNICATION 7 Nursing to notify Respiratory Therapy STAT for administration of Albuterol therapy for wheezing in the context of a hypersensitivity reaction.	PRN
☑ ONC NURSING COMMUNICATION 5 For mild hypersensitivity reactions, if symptoms have completely resolved, may resume medication infusion at 50% of initial rate and follow infusion schedule. For moderate hypersensitivity reactions, if symptoms have completely resolved, may resume medication infusion at 50% of initial rate and follow infusion schedule unless epinephrine has been given. If hives and another symptom were present, do not restart without discussing with provider. When severe hypersensitivity reaction has occurred, do NOT resume medication infusion. Patient should be admitted for further observation and treatment.	PRN

Respiratory Interventions

	Interval
☑ Oxygen Therapy PRN, Starting S For Until specified Oxygen Therapy per Protocol: Yes Protocol Instructions: Keep O2 greater than 90%	PRN

Hypersensitivity Reaction

	Interval
Acetaminophen Premed-select Susp,tab Or Chewable.	
☑ acetaminophen (TYLENOL) Oral, Once PRN, Fever, Headache, Starting S, For 1 Doses Dose: ☐ 15 mg/kg suspension 32 mg/mL ☐ 15 mg/kg tablet ☐ 15 mg/kg ODT ☐ ____ mg	PRN
☑ albuterol (PROVENTIL) 0.5% (5 mg/mL) nebulizer solution 2.5 mg 2.5 mg, Nebulization, Every 20 min PRN, Wheezing, Shortness of Breath, Starting S, For 4 Doses 2.5 mg nebulized every 20 minutes as needed for wheezing and shortness of breath, maximum of 3 additional doses. May Initiate Bronchodilator Protocol? No	PRN
Diphenhydramine Premed-select Cap,liquid Or Injection.	
☑ Once PRN, Itching, Rash, Hyperemia, Starting S, For 1 Doses ☐ 1 mg/kg elixir 12.5 mg/5mL, oral ☐ 1 mg/kg injection ☐ 1 mg/kg capsule, oral	PRN
☑ EPINEPHrine injection 0.01 mg/kg 0.01 mg/kg, Intramuscular, Every 15 min PRN, Other, Moderate/Severe Hypersensitivity Reaction, Starting S, For 2 Doses Give if directed by provider for coughing, wheezing, decreased blood pressure. May repeat in 15 minutes as needed for one additional dose.	PRN
☑ famotidine (PEPCID) injection 0.25 mg/kg (Treatment Plan) 0.25 mg/kg, Intravenous, for 2 Minutes, Once PRN, Other, Moderate/Severe Hypersensitivity Reaction, Starting S, For 1 Doses Give if directed by provider.	PRN

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		Interval
☑	methylPREDNISolone sodium succinate (SOLU-Medrol) injection 1 mg/kg (Treatment Plan) 1 mg/kg, Intravenous, for 15 Minutes, Once PRN, Anaphylaxis, hypersensitivity reaction, For 1 Doses To reconstitute Act-O-Vial: Push top of vial to force diluent into lower compartment, then gently agitate. NON Act-O-Vials may be reconstituted with 2 mL of 0.9% sodium chloride for injection or bacteriostatic water for injection.	PRN
☑	ondansetron (ZOFRAN) IV 0.15 mg/kg (Treatment Plan) 0.15 mg/kg, Intravenous, for 5 Minutes, Once PRN, Nausea, Vomiting, Starting S, For 1 Doses	PRN
☑	sodium chloride 0.9% bolus injection 20 mL/kg (Treatment Plan) 20 mL/kg, Intravenous, for 30 Minutes, Once PRN, Severe Hypersensitivity Reaction, Starting S, For 1 Doses Give if directed by provider (for hypotension). Administer as fast as possible.	PRN

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**

EPIC VERSION DATE: 01/10/19

