



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

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

Provider Specialty

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

Appointment Requests

	Interval
<input checked="" type="checkbox"/> Infusion Appt (Initial Order) Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion	Scheduled
<input checked="" type="checkbox"/> Infusion Appt (Subsequent Order) – FOR PRN ORDERS ONLY PRN Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion	PRN

Blood Products

Prepare & Transfuse RBC

To meet National Blood Transfusion Guidelines, hemoglobin level should be less than 7 gm/dL for general patients, or less than 8 gm/dL in patients with known cardiovascular disease.

- 1 Units
- 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 < 7 g/dL And/OR Hct < 21% in a patient with no medical comorbidities
- Hgb < 8 g/dL And/OR Hct < 24% in a non-ICU patient undergoing orthopedic or cardiac
- Hgb < 10 g/dL And/Or Hct < 30% in a patient with acute coronary syndrome
- Other: _____

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

CONTINUED ON PAGE 2 →

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

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



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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

- 1 Units
- 2 Units

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: _____

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



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Prepare Blood Products (continued)

Prepare & Transfuse Fresh Frozen Plasma

- 1 Units
- 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 _____

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 Orders

Interval

Infusion Appointment Request

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

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 patient NOT transfused or pregnant in last three months, specimen must be drawn within 7 days of procedure.

- Yes
- No

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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