Outpatient Blood Transfusion/Platelet Order Set

***ONLY CHECKED BOXES BELOW WILL BE EXECUTED; ALL BLANK OR CROSSED-OUT ORDERS ARE INACTIVE***

Date: ____/____/____

Patient Name: ____________________________________________

Date of Birth: ____/____/____

Allergies: ____________________________________________

Diagnosis Code: ________________________________

☐ Anemia of chronic renal disease (D63.1)
☐ Anemia related to chemotherapy (D64.81)
☐ Anemia related to cancer (D63.0)
☐ Anemia unspecified (D64.9)
☐ Anemia related to blood loss (D50.0)/acute (D62.0)
☐ Bone marrow failure (D61.9)
☐ Sickle cell disease (D57.1)
☐ Thrombocytopenia (platelets) (D69.6)
☐ Other: ____________________________________________

*All of the above blanks are required fields.

Medications

☐ Diphenhydramine

☐ 25mg ☐ 50mg ☐ PO ☐ IV one dose prior to transfusion

☐ Acetaminophen 650 mg PO one dose prior to transfusion

☐ Furosemide: _________ mg

☐ IV one dose prior to transfusion

☐ IV one dose in between units 1 and 2

Platelets

Transfuse_______ Unit(s).

Most recent platelet count _______/mm3

Date of Lab Results ____/____/____

A. A single dose of apheresis platelets adult: Will increase the platelet count by 5,000 mm3-7,500 mm3.

B. Minimum effective dose of all blood should be used.

C. Check at least one indication for Platelet order below.

☐ Platelet count < 10,000 mm3 prophylactically in a patient with failure of platelet production

☐ Platelet count < 20,000 mm3 and signs of bleeding

☐ Platelet count < 50,000 mm3 in a patient with:

☐ Invasive procedure (recent, in progress, planned)

☐ Platelet dysfunction of ____________________

*Special Requirements

☐ Irradiated ☐ CMV Neg

Packed Red Blood Cells

A. One unit of PRBC’s in an adult will increase Hgb by approximately 1 g/dL and Hct by 3%.

B. Minimum effective dose of all blood should be used.

C. Single unit transfusion of PRBC’s is often effective.

DOCUMENT MOST RECENT:

Hgb ______ g/dL or HCT ______%  

Date of Lab Results ____/____/____

CHECK INDICATION FOR BLOOD ORDER BELOW:

☐ Hgb < 7g/dL OR Hct < 24% euvoletic and symptomatic (SOB, chest pain, tachycardia, fatigue, dizziness, or active bleeding)

☐ Hgb < 8g/dL or Hct < 27% euvoletic in a patient with CAD, unstable angina, MI and symptomatic (SOB, chest pain, tachycardia, fatigue, dizziness, or active bleeding)

Transfuse_______ Unit(s). Type and screen must be done within 72 hours prior to transfusion.

*Special Requirements

☐ Irradiated ☐ CMV Neg

NO MORE THAN 3 UNITS OF PRBC’S CAN BE INFUSED IN OUTPATIENT INFUSION THERAPY PER DAY WITHOUT MEDICAL DIRECTOR APPROVAL

Informed Consent **REQUIRED**

I have Informed _________(Patient Name)_________ of the risks, benefits and alternatives of blood product(s) infusion.

*CBC must be performed 7 days or less from the date of the transfusion. CBC results after last transfusion is also acceptable if more recent. If a recent CBC is not provided, a CBC will be ordered. The Medical Director has approved ordering a CBC (if the referring provider did not order).*

**** THE FOLLOWING IS REQUIRED ****

______________________________
Ordering Physician Signature

______________________________
Print Name

______________________________
Date Time