



# Attachment B Outpatient Blood Administration Order Form

Patient's Name Rutkowski, Nancy M Patient's DOB 12-27-59

Today's date 1-7-2020 Diagnosis D56-1 Date requested for transfusion 1-15-2020

☐ Emergent/life threatening (same day)

☐ Non-emergent (next day)

Instructions to RN: Perform vital signs as per protocol. Hold transfusion and notify physician if patient complains of chills, flank pain, shortness of breath, chest pain, restlessness, infusion site pain or sudden changes in vital signs, order Transfusion Reaction Investigation. Informed transfusion consent has been obtained and the patient or health care proxy has been informed of the benefits, risks, and alternatives and has had opportunity to have questions answered. Valid signed consent is valid for 1 year (Fax # 845-333-1902).

## Orders for Pretransfusion Tests:

- ☒ Type and Screen (required for all, valid for 3 days)
- ☒ CBC (required for red cell and platelet transfusions)
- ☐ INR/APTT (required for plasma transfusions)
- ☐ Fibrinogen (required for cryoprecipitate transfusions)

## Indications for Special Requirements:

Irradiated: Neonate, Leukemia, Lymphoma, directed donors

CMV Neg: Neonate, CMV Neg transplant candidate/recipient

HgbS Neg: Sickle Cell Patients

Rate of Infusion: ☐ 2 Hours for clinically indicated hemodynamically stable patients ☐ 4 Hours

For more information on the rate of infusion refer to policy on Blood Transfusion Administration

## Orders for Blood Products:

☐ 1 unit leukocyte reduced packed red cells

☐ Irrad ☐ CMV Neg ☐ HgbS Neg

- ☐ Hemoglobin less than 5 g/dL for sickle cell with congestive heart failure, hypotension, dyspnea.
- ☐ Hemoglobin less than 7 g/dL with symptomatic chronic anemia, with hematology evaluation or consult.
- ☐ Hemoglobin less than 7 g/dL with autoimmune hemolysis and cardiopulmonary syndrome.
- ☐ Hemoglobin less than 8 g/dL with acute cardiopulmonary syndrome.
- ☐ Hemoglobin less than 9 g/dL prior to surgical procedure.
- ☐ Hemoglobin less than 9 g/dL with cancer, myelodysplastic disorder on chemotherapy.
- ☐ Hemoglobin less than 10 g/dL with thalassemia to suppress bone marrow.

☒ 2 units leukocyte reduced packed red cells

☐ Irrad ☐ CMV Neg ☐ HgbS Neg

- ☐ Hemoglobin less than 8 g/dL with cancer, myelodysplastic disorder on chemotherapy, or pre-op.
- ☒ Hemoglobin less than 9 g/dL with thalassemia to suppress bone marrow.

☐ 1 unit leukocyte reduced apheresis platelets

☐ Irrad ☐ CMV Neg

- ☐ Prophylactic correction of platelet count of less than 10,000 if at risk of hemorrhage.
- ☐ Active hemorrhage or pre-op for platelet count of less than 50,000.
- ☐ Correction due to anti-platelet agent for active hemorrhage or pre-operative.

☐ 1 unit plasma

- ☐ INR greater than 2.0 prior to an invasive procedure, 1 unit at a time until corrected.
- ☐ INR greater than 1.5 for active hemorrhage, 1 unit at a time until corrected.
- ☐ Documented coagulation factor deficiency, 1 unit at a time only if clotting factor not available.
- ☐ Hereditary angioedema treatment, 1 unit at a time until symptoms relieved.

☐ 1 dose cryoprecipitate

- ☐ Fibrinogen less than 100 mg/dL.
- ☐ Fibrinogen less than 150 mg/dL with active hemorrhage.
- ☐ Uremic bleeding when alternatives cannot control hemorrhage.

## Orders for Pre-Transfusion Medication:

- ☐ Furosemide (Lasix) 20 mg IV, once
- ☐ Diphenhydramine (Benadryl) 25 mg capsule, oral, once
- ☐ Diphenhydramine (Benadryl) 25 mg IV, once
- ☐ Acetaminophen (Tylenol) 650 mg tablet, oral, once
- ☐ Hydrocortisone (Solu-Cortef) 100 mg IVPB, once

Ordering Physician's Name (print) Dr. Stewart

Physician's phone 845 703 6999

Ordering Physician's Signature [Signature]

Date 1-7-2020

Fax completed order to ORMC Infusion Center (845-333-1902) and ORMC Blood Bank (845-333-0137)

Rev 04/23/19





155 Crystal Run Road  
Middletown, NY 10941

845-703-6999  
www.crystalrunhealthcare.com

Patient: Nancy Rutkowski  
Date of Birth: 12/27/1959  
Date: 01/07/2020 9:30 AM  
Encounter Type: Office Visit

This 60 year old female presents for Thalassemia.

#### History of Present Illness:

##### 1. Thalassemia

60 yo with Thalassemia Intermedia, S/p foot surgery 11/2019. No decreased hearing no call Strongsville chest pain no bone problems she is recovering from her surgery. No evidence of pulmonary hypertension or other cardiac issues. We are waiting to begin the Luspatercept

#### PROBLEM LIST: Problem List reviewed

Osteopenia	06/25/2007	Y
Thalassemia	06/25/2007	Y
Thalassemia	12/05/2007	Y
Siderosis	06/25/2007	Y

#### Problem List (not yet mapped to SNOMED-CT®):

Atrial flutter sp ablation on coumadin	06/25/2007	ON COUMADIN DID NOT TREAT LEFT SITED BYPASS TRACTS
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#### Allergies:

NO KNOWN  
ALLERGIES

Reviewed, no changes

Review of Systems

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Constitutional	Negative	Fever, Night sweats and Weight loss
ENT	Negative	Hoarseness and Sore throat
Eyes	Negative	Vision changes
Respiratory	Negative	Cough, Dyspnea and Wheezing
Cardio	Negative	Chest pain, Edema and Irregular heartbeat/palpitations
GI	Negative	Abdominal pain, Bloating and Diarrhea and Constipation
Neuro	Negative	Extremity weakness, Headache and Numbness in extremity
PSY	Negative	Anxiety, Depression and Insomnia
MS	Negative	Back pain, Joint pain and Muscle weakness
Genit/urinary	Negative	Easy bleeding, Easy bruising and Lymphadenopathy

### Medical/Surgical/Interim History

Reviewed, no change.

Last detailed document date: 10/21/2019.

### Family History

Reviewed, no changes. Last detailed document date: 01/07/2020.

### Social History:

Reviewed, no changes. Last detailed document date: 01/07/2020.

### Medications (active prior to today)

folic acid 1 mg Tab	1 tab bid	10/09/2007	06/26/2001	N
Calcium 1250 mg	take 1 tablet by oral route	//		N
aspirin	every day			
ICaps 3,300 unit-5	take 1 tab po daily	10/13/2016		N
mg-200mg-75 unit				
tablet, extended release				
calcium-magnesium		//		
tablet				
Klor-Con 10 mEq	take 1 tablet by oral route 2	//		Y
tablet, extended release	times every day with food			
timolol maleate 0.25	instill 1 drop by ophthalmic	//		
mg-0.5 mg/mL	route 2 times every day into			
eye drops	affected eye(s)			
latanoprost 0.005 % eye	instill 1 drop by ophthalmic	//		Y
drops	route every day into			
	affected eye(s) in the			
	evening			
Bonasa Allergy Relief	inhaler spray by intranasal	//		
mg-actrapid 0.5	take 1 eye drop in each			
spray suspension	eye			
aspirin 81 mg	take 1 tablet by oral route	//	01/17/2018	Y
tablet, delayed release	every day			
Ironpol XL 25 mg	take 1 tablet by oral route	//		
tablet, extended release	every day			
Jadenu 180 mg tablet	take 1 tablet by oral route 5	11/15/2019	11/15/2019	N
	times every day at the same			
	time each day			

### Medication Reconciliation

Medications reconciled today.

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## Vital Signs

9:36 130/58 59 16 97.5 4.0 10.00 147.32 86.00 39.009 17.97 126 98  
AM

## Measured By

9:36 AM Marilyn Dranoff

## Physical Exam:

Constitutional	Normal	Well developed.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal. Pupil - Right: Normal, Left: Normal.
Nasopharynx	Normal	Lips/teeth/gums - Normal. Tonsils - Normal. Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal. Palpation - Normal.
Lymph Detail	Normal	No palpable cervical, supraclavicular, axillary, or inguinal adenopathy.
Respiratory	Normal	Inspection - Normal. Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Regular rate and rhythm. No murmurs, gallops, or rubs.
Vascular	Normal	Pulses - Dorsalis pedis: Normal. Capillary refill - Less than 2 seconds.
Abdomen	Normal	Inspection - Normal. No abdominal tenderness. No hepatic enlargement. No splenic enlargement.
Musculoskeletal	Normal	Visual overview of all four extremities is normal.
Extremity	Normal	No edema.
Neurological	Normal	Memory - Normal. Cranial nerves - Cranial nerves II through XII grossly intact. DTRs - Normal.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect. Normal insight.

The patient's functional status score is at 0 and is fully active, able to carry on all pre-disease performance without restriction.

## Assessment/Plan

1. Assessment: Thalassemia intermedia (D56.1).  
 Impression: Thalassemia intermedia. Screen was removed at age 21. H/O RBCs and started on Desferal in the 1970s. Endemic for malaria.  
 Referred to Hematology 2008 with Hemoglobin 10.1, Hct 31.0, HbA1c 5.6, Skelton index 1.0, ECG normal, Pulmonary function tests normal, Liver biopsy with acute stage III cholestasis, MRI of spine in 2009 with no red blood cell in spinal canal, and a diagnosis of Thalassemia intermedia with HbA1c 5.6, Hct 31.0, and Hb 10.1. HbA1c was 5.6 on HbA1c 5.6.  
 Iron dose was gradually increased.  
 Recurrent fevers in 2018, extensive and they ultimately resolved.

Repeated ECHO with no pulmonary HTN. Would require increase PRBC's

Ferritin 2040 on 1/15/2019

Ferritin was elevated to 8135 on 8/2019

Ferritin 8135 on 8/2019

Sp. on 1/15/2019 with a normal ECHO

Ferritin 9/2019 was 2100 and now 9/2019 is 2650 and 5/20/2019 is 229 and on 7/2019 ferritin is 2800

8/2019 ferritin level is 720 mg/d and 8/28/2019 ferritin is 518. no ferritin level is 900 mg/d

Ferritin 9/28/2019 was 8135

7/2019 ferritin was 2100 mg/d and 2435 on 1/2019 and 900 mg/d and 2375 6/2019

Ferritin was under 2500 on November 2019

US 1/4/2019: OK Spleen surgically absent

Ferritin 1839 on 4/2019

Ferritin 1324 on 5/2019

MRI T2 6/2019: overshows 65  $\mu$ mol/g decreased from prior study of 81  $\mu$ mol/g. This is consistent with mild iron overload. Cardiac MRI T2 star is 40 msec which is unchanged from prior study and normal with no evidence of cardiac iron overload

11/2019: Ferritin 883

- Provider Plan**
- ECHO per Dr Singh (1/2020)
  - EKG yearly per Dr Singh (Done)
  - MRI T2\* periodically
  - Audiology yearly
  - LFT's and ferritin every 3 months ( Repeat 8/2019)
  - CBC today and PRBC's with target Hgb 9-10 g/dl
  - Eye exam yearly
  - CMP and urine protein every 3 months while on Chelation therapy
  - Luspatecept 1.0 mg/kg sq every 21 days (approved and waiting for availability)
  - prophylactic PRBC to be set up

2. **Assessment** Iron overload (883,19)

**Impression** Ferritin 4/2019 decreased to 1324 and 883 on 11/2019 and 883

- Provider Plan**
- Reviewed Ferritin (Target Ferritin: 1000 to 2500)
  - Jadenu 540 mg/day (3 tablets/day) to be decreased to 360 mg/d (2 Tablets/day)
  - Ferritin now under 1000; will repeat Ferritin 12/2019

3. **Assessment** Nephrolithiasis (N20.0)

**Impression** Sp. PRBC admission with stone placed for renal stone

- Provider Plan**
- GU f/u

4. Assessment Renal insufficiency (N28.9)

Impression Stable

Provider Plan - BMP

5. Assessment Hypertension, essential (I10)

Impression Stable blood pressure

Provider Plan - monitor

6. Other Orders Orders not associated to today's assessments

Plan Orders: CBC with smear to be performed, complete metabolic profile (CMP) to be performed, urinal to be performed, platelet to be performed, iron to be performed, and vitamin B12, Cobalamin to be performed.

## Medications (added, continued, or stopped today)

	aspirin 81 mg tablet, delayed release	take 1 tablet by oral route every day	
	calcitriol 0.25 mcg capsule	take 1 capsule by oral route every day	
	calcium-magnesium m-copper-zinc tablet		
	dorzolamide 22.3 mg-timolol 6.8 mg/mL eye drops	instill 1 drop by ophthalmic route 2 times every day into affected eye(s)	
	Flonase Allergy Relief 50 mcg/actuation nasal spray, suspension	inhale 2 spray by intranasal route every day in each nostril	
10/09/2007	folic acid 1 mg Tab	1 tab bid	
10/13/2016	ICaps 3,300 unit-5 mg-200mg-75 unit tablet extended release	take 1 tab po daily	
11/15/2019	Jadeno 180 mg tablet	take 1 tablet by oral route 5 times every day at the same time each day	DX: E83.19 For total daily dose of 900mg
	Klor-Con 10 mEq tablet extended release	take 1 tablet by oral route 2 times every day with food	
	latanoprost 0.005 % eye drops	instill 1 drop by ophthalmic route every day into affected eye(s) in the evening	
	Toprol XL 25 mg tablet, extended release	take 1 tablet by oral route every day	

## Orders:

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**Labs:**

Z79.899 CBC With Auto Diff  
Z79.899 Complete Metabolic Profile (CMP)  
Z79.899 Ferritin  
Z79.899 Folate (Folic Acid)  
Z79.899 Iron + TIBC  
Z79.899 Vitamin B12 (Cobalamin)

**Counseling / Educational Factors:**

Counseling / educational factors reviewed.

**Provider:**

Stewart MD, Jeffrey 01/07/2020 11:15 AM

Document generated by: Jeffrey Stewart MD 01/07/2020 11:15 AM

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Crystal Run Healthcare, LLP





Laboratory Director: Yong Ke, MD, PhD

CLIA # 33D0141489

Client Service: 845.703.6999

Report

Status: InProcessUnspecified

TEST	RESULT	UNITS	REFERENCE
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Order Number: CRP9133058

Account ID: 14507

Draw Date: 1/7/2020 9:31:52AM

Name: Rutkowski, Nancy M

Ordering Provider: Stewart MD, Jeffrey

DOB: 12/27/1959

185 Rykowski Lane

SSN: XXX-XX-5582

Middletown, NY 109414028

Phone: 845-342-6111

Sex: F

Sample ID: 10126978

CRP9133058

SPS: 01/07/2020 10:29:00AM

XT WBC	11.0	K/uL	3.5-11.0
XT Neut%	48.2	%	41.0-74.0
XT Lymph%	32.3	%	15.0-45.0
XT Mono%	12.2 (H)	%	1.5-9.0
XT Eo%	5.7	%	1.0-10.0
XT Baso%	1.6 (H)	%	0.0-1.5
XT IG%	0.4	%	<=1.0
NRBC%	110.7	%	
XT Neut#	5.3	K/uL	1.5-8.1
XT Lymph#	3.54	K/uL	0.50-4.00
XT Mono#	1.3 (H)	K/uL	0.1-1.2
XT Eo#	0.62	K/uL	0.00-1.10
XT Baso#	0.18	K/uL	0.00-0.20
XT IG#	0.04	K/uL	<=0.10
NRBC#	12.12	K/uL	
XT RBC	3.49 (L)	m/uL	3.80-5.20
XT HGB	9.5 (L)	g/dL	11.7-15.7
XT HCT	29.9 (L)	%	35.0-47.0
XT MCV	85.7	fL	80.0-97.0
XT MCH	27.2	pg	26.0-33.0
XT MCHC	31.8 (L)	g/dL	32.0-36.0
XT RDW-SD	65.9	fL	
XT PLT	419	K/uL	140-440
XT MPV	10.6	fL	7.0-11.0

Reviewed By:

Comments:

Rutkowski, Nancy- 14507

1/7/2020 1:20:28PM

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