



Outpatient Blood Administration Order Form

Patient's Name Martin Nowreen MI

Today's date 11/5/19
Date requested for transfusion 11/5 + 11/6

Patient's DOB 8/1/60

Diagnosis LGL leukemia

☐ Emergent/life threatening (same day)

☒ Non-emergent (next day) Thursday

Instructions to RMC: 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 # 845-333-1157).

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)

Orders for Blood Products:

☒ 1 unit leukocyte reduced packed red cells

☐ 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

☐ Hemoglobin less than 6 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

☐ 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 (Benedryl) 25 mg capsule, oral, once

☒ Diphenhydramine (Benedryl) 25 mg IV, once ☐ Acetaminophen (Tylenol) 650 mg tablet, oral, once

☒ Hydrocortisone (Solu-Cortef) 100 mg IVPB, once

Ordering Physician's Name (print) Kondagunta Physician's phone

Ordering Physician's Signature [Signature]

Date 11/5/19

Fax completed order to ORMC Infusion Center (845-333-1157) and ORMC Blood Bank (845-333-0137) Rev 7/15

11/5/19 1100 T.O. DR: Kondagunta/Amorella
Give 2 units for Hgb 6.4
(RSD) 1100 Amorella