



Outpatient Blood Administration Order No. 3767 P. 3/5

Patient's Name Shannon John P

Patient's DOB 1/9/37

Today's date 10/10/17

Diagnosis MDS

Date requested for transfusion 10/11/17

☐ 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 develops shortness of breath, chest pain, respiratory distress, infusion site pain or sudden changes in vital signs; order Transfusion Related Transfusion: consent has been obtained and the patient or health care proxy has been informed of alternatives and has had opportunity to have questions answered. Valid signed consent is valid for 1 year (Fax

Shannon, John P
Sex: M DOB: 1/19/1937 80 y.o.
MRN: 1001047 DOS: 10/10/17
Acc#: 5000812784
CSN: 9003163

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

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 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

☐ 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 fresh frozen 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. Kamthan Physician's phone 845-333-2515

Ordering Physician's Signature Dr. Kamthan Date 10.10.17

Fax completed order to ORMC Infusion Center (845-333-1157) and ORMC Blood Bank (845-333-0137) Rev 7/14

Oct. 10. 2017 1:03PM

No. 3767 P. 1/5

1148
1157**ORANGE
REGIONAL****MEDICAL CENTER**To: Dr. Kamthan
Fax number: 3641From: Orange Regional Outpatient Infusion
Fax number: 845-333-1157
Phone number : 845-333-1150

Pages : 2

Comments:

Please review

Labs

Sign orders & consent

Please see attached

A.R. Kamthan

Oct. 10. 2017 1:03PM

No. 3767 P. 2/5



**ORANGE
REGIONAL**
MEDICAL CENTER

Shannon, John P
Sex: M DOB: 1/19/1937 80 y.o.
MRN: 1001047 DOB: 10/10/17
Acct: 5000912734
CSN: 9009159

Informed Consent
for Blood Transfusion and/or Blood Component Administration for Non-surgical Patients

I, _____ or _____ acting on the patient's behalf, have been advised by
Patient Parent, guardian, or representative
Dr. _____ that I need or may be in need of a blood transfusion and/or blood products during my
hospitalization or course of treatment.

I have been informed of the reasonable benefits and potential risks of the proposed transfusion.

I understand that the blood of the donor is tested and screened, and precautions are taken by my physician prior to a transfusion. I also understand that despite the measures that are taken, I still may be subject to ill effects as a result of receiving blood and/or blood products.

I have been informed about what may happen if I decide not to have this transfusion, including the reasonable medical alternatives, if any, and their common foreseeable risks and benefits. I understand that along with my physician and his/her assistants, other authorized hospital personnel may be involved in the administration of my blood and/or blood products.

I acknowledge that I have been given the opportunity to ask questions and I am satisfied with the explanation I have been given regarding my need for blood and/or blood product transfusion and accept the transfusion.

Signature of Patient (or parent, guardian, or representative)

Date

Time (AM/PM)

J. Shannon

10.10.17

Physician obtaining consent

Date

Time (AM/PM)

Signature of witness

Date

Time (AM/PM)

TELEPHONE CONSENT

Verbal authorization for the procedure(s)/treatment(s) in paragraph one above was obtained from the consenting party named below, who has stated that he/she has authority to consent on behalf of the patient following an explanation of the information in paragraph two above.

Name of consenting party

Date

Time (AM/PM)

Signature of witness



Oct. 10. 2017 1:04PM

No. 3767 P. 4/5

REGIONAL MEDICAL CENTER DIVISION OF MEDICINE

Shannon, John P
 Sex: M DOB: 1/19/1937 80 y.o.
 MRN: 1001047 DOS: 10/10/17
 Acct: 5000912704
 CSN: 9005153

DO NOT USE ABBREVIATIONS
 U MS SC QOD QD PG
 IV MSO₂ MISO₂ SQ SL

Date & Time

1252

10/10/17

Dx: Dehydration
 Give KCl 20meq in 1 Liter NS

X 2 bags for CREATINE 1.9 & BUN 22

Potassium 3.2. Draw type & screen today

Give One unit DEBKS on 10/10 for

Hgb 7.3

Medications will be dispensed in accordance with the hospital formulary system

Prescriber Signature

J. P. Shannon

Print Name

A. Kanuth

Date/Time

10.10.17

Nurse Signature

Print Name

D. Kanuth

Date/Time

10.10.17

T.O. REV

Fax to Pharmacy

Time Faxed

Oct. 10. 2017 1:04PM

No. 9767 P. 5/5

SHANNON, JOHN P (MRN 1001047)

	1	
	10/10/2017	
	1136	
AUTOMATED HEMATOLOGY		
WBC	2.9	▼
RBC	3.14	▼
HEMOGLOBIN	7.3	▼
Hematocrit	24.3	▼
MCV	77.4	▼
MCH, POC	23.2	▼
MCHC	30.0	▼
RDW	19.0	▲
Platelets	157	
Abs Neutrophil Count	1.363	▼
MANUAL DIFFERENTIAL		
Total Counted	100	
Neutrophils Manual	46	
Lymphocytes Manual	23	▼
Monocytes Manual	24	▲
Metamyelocytes Manual	1	
Myelocytes Manual	1	
Bands Manual	1	
Blasts Manual	1	
Atypical Lymphocytes	3	
Anisocytosis	2+	
Hypochromia	2+	
Poikilocytes	1+	
GENERAL CHEMISTRY		
Sodium	133	▼
Potassium	3.2	▼
Chloride	100	▼
CO2	24	
BUN	22	▲
Glucose	107	
CALCIUM	9.8	
Creatinine, Ser	1.19	▲
Anion Gap	9	
eGFR AFRICAN AMERICAN	>50.0	
eGFR NON AFRICAN A.	58.8	▼
Magnesium		
URINALYSIS		
Color, UA		
Clarity, UA		
Specific Gravity, UA		
pH, UA		
Protein, UA		
Glucose, UA		
KETONE UA		
Bilirubin, UA		
Blood, UA		
Leukocytes, UA		
Nitrite, UA		
Urobilinogen, UA		
URINE MICROSCOPIC		

Cell → 845-987-9008
 Fax → 845-794-3249

Give type & Screen
 Unit + PRBC

Give 20mcg ^{1 Liter} ~~250mcg~~
 NS
 x 2 hours

AS/K

SHANNON, JOHN P (MRN 1001047)

Oct. 17. 2017 12:11PM

MRN 1001047

0145 (006)
11/19/37

	6 10/10/2017 1136	5 10/10/2017 1928	4 10/11/2017 0817	3 10/11/2017 1053	2 10/11/2017 1053	1 10/17/2017 1125
AUTOMATED HEMATOLOGY						
WBC	29					31 p
ABC	314					330 p
HEMOGLOBIN	7.3					8.1 p
Hematocrit	20.3					25.4 p
MCV	77.4					75.8 p
MCH, POC	23.2					23.9 p
MCHC	30.0					31.5 p
RDW	18.0					19.3 p
Platelets	157					193 p
Abs Neutrophil Count	1383					193 p
MANUAL DIFFERENTIAL						
Total Counted	100					
Neutrophils Manual	46					
Lymphocytes Manual	23					
Monocytes Manual	24					
Metamyelocytes Manual						
Erythrocytes Manual	1					
Bands Manual	1					
Plasma Manual						
Atypical Lymphocytes	3					
Anisocytosis	2+					
Hypochromia	2+					
Poikilocytes	1+					
GENERAL CHEMISTRY						
Sodium	143					132
Potassium	3.2					3.1
Chloride	100					101
CO2	24					24
BUN	22					25
Glucose	107					116
CALCIUM	8.8					9.5
Creatinine, Ser	1.19					1.11
Alkaline Phos	9					30
ASAT AFRICAN AMERICAN	>50.0					>50.0
ASAT NON AFRICAN A...	50.0					>50.0
Magnesium						1.7
URINALYSIS						
Color, UA						

ANC 1.35*
PLTS 73

ES

Long

Relay

1/19/37

P. 2

Will get
high
may rider
standing Ouch

NO. 0235
P. 1/1

Oct. 26. 2017 8:21AM

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SHANNON, JOHN P (MRN 1001047)

	6 10/10/2017 1138	5 10/10/2017 1321	4 10/11/2017 0817	3 10/11/2017 1053	2 10/11/2017 1053	1 10/12/2017 1125
AUTOMATED HEMATOLOGY						
WBC	29					31 P
RBC	314					9.38 P
HEMOGLOBIN	73					01 P
Hematocrit	24.1					25.7 P
MCV	77.4					75.6 P
MCH, POC	232					239 P
MCHC	28.0					31.5 P
RDW	18.0					18.3 P
Platelets	157					
Abs Neutrophil Count	1.983					See Comment - P
MANUAL DIFFERENTIAL						
Total Counted	100					
Neutrophils Manual	46					
Lymphocytes Manual	21					
Monocytes Manual	24					
Metamyelocytes Manual						
Erythrocytes Manual	1					
Basils Manual	1					
Platelets Manual	1					
Atypical Lymphocytes	3					
Anisocytosis	24					
Hypochromia	24					
Poikilocytes	14					
GENERAL CHEMISTRY						
Sodium	133					132
Potassium	3.2					3.1
Chloride	100					101
CO2	24					21
BUN	22					26
Glucose	107					116
CRP (CRP)	5.8					3.5
Creatinine, Ser	1.19					1.11
Aspartate	9					ND
GGT (AFRICAN AMERICAN)	>60.0					>60.0
AST (AFRICAN AMERICAN)	58.0					168.0
Mag Phos (im)						17
URINALYSIS						
Color, UA						

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MRN 1001047

0145 (006)
1/19/13

Oct 17, 2017 12:11 PM

Will get
from
standing
Order

ANC 1.35*
WBC 33

Handwritten signatures and notes at bottom of page.