

Outpatient Blood Administration Order Form



Patient's Name Schumacher, Jane last first MI

☐ Emergent/life threatening (same day)

☒ Non-emergent (next day)

Today's date 10/3/17

Patient's DOB 3/4/45

Diagnosis Dx 4.89 anemia

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 # 845-333-1157).

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 ☐ Irrad ☐ CMV Neg ☐ HgbS Neg

- ☐ Hemoglobin less than 9 g/dL with cancer, myelodysplastic disorder on chemotherapy.
- ☐ Hemoglobin less than 8 g/dL with severe symptomatic anemia due to B12, iron, folate deficiency.
- ☐ Hemoglobin less than 8 g/dL with acute cardiopulmonary syndrome
- ☐ Hemoglobin less than 5 g/dL for sickle cell with congestive heart failure, hypotension, dyspnea
- ☐ Hemoglobin less than 9 g/dL with cancer, myelodysplastic disorder on chemotherapy.
- ☐ Hemoglobin less than 10 g/dL with thalassemia to suppress bone marrow.
- ☐ Hemoglobin less than 7 g/dL with autoimmune hemolysis and cardiopulmonary syndrome.

☒ 2 units leukocyte reduced packed red cells ☐ Irrad ☐ CMV Neg ☐ HgbS Neg

- ☐ Hemoglobin less than 6 g/dL with cancer, myelodysplastic disorder on chemotherapy.
- ☐ Hemoglobin less than 8 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 (Benedryl) 25 mg IV, once
- ☒ Hydrocortisone (Solu-Cortef) 100 mg IVPB, once

Ordering Physician's Name (print) Dr. [Signature] Ordering Physician's Signature [Signature]
 Physician's phone 845-703-6999 Date 10/3/17

Fax completed order to ORMC Infusion Center (845-333-1157) and ORMC Blood Bank (845-333-0137) Rev 4/14

SPECIMEN INFORMATION

Order Number: CRP6449737

Draw Date: 10/3/2017 1:41:44PM

Ordering Provider: Kondagunta MD, Gnanamba

155 Crystal Run Road

Middletown, NY 109414028

Phone:

845-342-0870

Sex: F

SSN:

XXX-XX-3352

DOB:

03/04/1945

Name:

Schumack, Jane C

Account ID:

22996

PATIENT INFORMATION

Sample ID: Z125054

CBGA XT: Result Date: 10/3/2017 2:13:00PM

TEST	RESULT	UNITS	REF RANGE
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XT WBC	10.2	K/uL	3.5-11.0
XT Neut%	91.6 (H)	%	41.0-74.0
XT Lymph%	1.9 (L)	%	15.0-45.0
XT Mono%	6.2	%	1.5-9.0
XT Eo%	0.3 (L)	%	1.0-10.0
XT Baso%	0.0	%	0.0-1.5
XT IG%	1.5 (H)	%	<=1.0
XT Neut#	9.4 (H)	K/uL	1.5-8.1
XT Lymph#	0.19 (L)	K/uL	0.60-4.00
XT Mono#	0.6	K/uL	0.1-1.2
XT Eo#	0.03	K/uL	0.00-1.10
XT Baso#	0.00	K/uL	0.00-0.20
XT IG#	0.15 (H)	K/uL	<=0.10
XT RBC	3.13 (L)	m/uL	3.80-5.20
XT HGB	9.7 (L)	g/dL	11.7-15.7
XT HCT	30.3 (L)	%	35.0-47.0
XT MCV	96.8	fL	80.0-97.0
XT MCH	31.0	pg	26.0-33.0
XT MCHC	32.0	g/dL	32.0-36.0
XT PLT	244	K/uL	140-440
XT MPV	9.0	fL	7.0-11.0

Reviewed By:

Schumack, Jane-

22996

Comments:

10/3/2017 3:12:52PM

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