

Ministry Saint Joseph's Hospital
Marshfield, Wisconsin

PRE-PRINTED PHYSICIAN'S ORDERS 00802PPO

**MEDICAL/SURGICAL BLOOD PRODUCT
TRANSFUSION- Adult Only**

ORDERS	Nurse/ Title
ONLY ORDERS THAT ARE CHECKED WILL BE IMPLEMENTED.	
<p>PLASMA Dose: 10-15mL/kg of body weight (3-4 units = 800-1000mL), 1 unit (200-300 mL)</p> <p>Transfuse: Number of Units _____</p> <p><input type="checkbox"/> HOLD PLASMA FOR SURGERY _____ # Units</p> <p><input type="checkbox"/> STAT <input type="checkbox"/> TODAY <input type="checkbox"/> Special Instructions _____</p> <p>Indication: INR prior to transfusion _____ (required)</p> <p><input type="checkbox"/> Abnormal coagulation studies with significant hemorrhage (i.e. INR greater 1.5 or aPTT greater than 48 sec)</p> <p><input type="checkbox"/> Emergent or imminent surgical/invasive procedure AND INR greater than 1.5 or aPTT greater than 48 sec</p> <p><input type="checkbox"/> Emergent reversal of Coumadin (warfarin), if actively bleeding (consider Vitamin K and Prothrombin Complex Concentrate for life-threatening bleeding)</p> <p><input type="checkbox"/> Plasma exchange for TTP <input type="checkbox"/> Cryo-poor product preferred for replacement</p> <p><input type="checkbox"/> Plasma exchange when there is an increased risk of bleeding</p> <p><input type="checkbox"/> Other: (specify) _____</p>	
<p>CRYOPRECIPITATE Supplied as a pool of 5 units. Dose: 1 unit per 7-10 kg body weight (usual dose 10 units in adult). Not indicated in the absence of bleeding</p> <p>Transfuse: Number of pools <input type="checkbox"/> 1 (5 units) <input type="checkbox"/> 2 (10 units) <input type="checkbox"/> 3 (15 units) <input type="checkbox"/> 4 (20 units)</p> <p>Indication: Fibrinogen prior to transfusion _____ mg/dL</p> <p><input type="checkbox"/> Bleeding or risk of bleeding AND fibrinogen less than 150 mg/dL</p> <p><input type="checkbox"/> Fibrinogen less than or equal to 100 mg/dL and documented dysfibrinogenemia (e.g. end stage liver disease)</p> <p><input type="checkbox"/> Other: (specify) _____</p>	
<p>5. SPECIAL MODIFICATION FOR RBC'S AND PLATELETS</p> <p>Note: All RBC's and PLATELETS are Leukoreduced, and CMV Safe</p> <p><input type="checkbox"/> Cytomegalovirus Seronegative LRBC or Platelet (Patient CMV status (required) _____)</p> <p><input type="checkbox"/> Irradiated Blood Products</p> <p><input type="checkbox"/> Washed LRBC or Platelets (call transfusion service 16262 for required approval).</p> <p><input type="checkbox"/> Other: _____</p>	
<p>6. MEDICATIONS: Routine use of premedication is not recommended unless h/o transfusion reaction</p> <p><input type="checkbox"/> Acetaminophen Tablet 650 mg PO prior to first unit.</p> <p><input type="checkbox"/> DiphenhydrAMINE Capsule 25 mg PO prior to first unit</p> <p><input type="checkbox"/> DiphenhydrAMINE Injection 25 mg IV (if unable to tolerate PO may give IV) prior to first unit.</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Furosemide Injection _____ mg IV <input type="checkbox"/> before first unit of PRBC's <input type="checkbox"/> after first unit of PRBC's</p>	
<p>7. POST TRANSFUSION LABS:</p> <p><input type="checkbox"/> Platelet count within 10-60 minutes</p> <p><input type="checkbox"/> Hgb within _____ hours <input type="checkbox"/> In AM</p> <p><input type="checkbox"/> INR within _____ hours</p>	
<p style="text-align: right;">_____ Provider Number _____</p> <p>Physician Signature/Title</p>	