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Blood / Platelet Orders Outpt v2

Patient Information

- Patient Name: \_\_\_\_\_
- Patient Date of Birth: \_\_\_\_\_
- Patient's Height: \_\_\_\_\_
- Patient's Weight: \_\_\_\_\_

Diagnosis

- Primary Diagnosis: \_\_\_\_\_
- Secondary Diagnosis: \_\_\_\_\_
- Co-Morbidities: \_\_\_\_\_

Allergies

- Update Allergies with Reactions: \_\_\_\_\_

Service Designation

- Attending: Dr. \_\_\_\_\_
- Hospitalist: Dr. \_\_\_\_\_
- Date: \_\_\_\_\_
- Time: \_\_\_\_\_

Hospital Status

- Outpatient
- Note: Outpatient is for normal or extended recovery for IV infusions, blood transfusions and other short-term outpatient procedures or services

USE THIS ORDER SET FOR OUTPATIENT NON URGENT BLOOD OR PLATELET TRANSFUSION

- 24 Hours advanced notice required for all orders
- Minimum effective dose of all blood/platelets should be used
- NO MORE THAN 2 UNITS OF PRCs CAN BE INFUSED OUTPATIENT PER DAY
- Fax completed order set to BMH Outpatient Infusion Center:  
Fax 843-524-0378 / Phone 843-522-7680

Special Requirement: (REQUIRES SPECIAL ORDER ONE DAY IN ADVANCE)

- Irradiated
- CMV Negative
- HgBS Neg

Document Diagnosis Code and Check Off Appropriate Diagnosis Below:

- Diagnosis Code : \_\_\_\_\_
- Anemia of chronic renal disease
- Anemia related to chemotherapy
- Aplastic anemia
- Anemia related to cancer
- Anemia unspecified
- Sickle cell disease
- Anemia related to blood loss
- Thrombocytopenia (platelets)
- Other \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date / Time: \_\_\_\_\_

PATIENT STICKER



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Medications

- Medications list including diphenhydramine and furosemide with checkboxes and dosage instructions.

Blood Bank

- Blood Bank orders for Crossmatch Single Donor Platelets and Crossmatch RBC with checkboxes and quantity fields.

Packed Red Blood Cells

- Packed Red Blood Cells instructions and indications, including Hgb and Hct thresholds and symptoms.

Red Blood Cell Orders

- Red Blood Cell Orders checkboxes for TRANSFUSE 1 UNIT and TRANSFUSE 2 UNITS.

Platelets

- Platelets instructions and indications, including platelet count thresholds and clinical scenarios.

Platelet Orders

- Platelet Orders checkbox for TRANSFUSE SINGLE DONOR APHERESIS with unit(s) field.

Physician Signature: \_\_\_\_\_

Date / Time: \_\_\_\_\_

