An Indication must be written for:
• All prn orders
• Cytotoxic agents, when not being used for treating malignancy

Allergies/Sensitivities

Adverse Reactions

Date & Time
NON-DRUG ORDERS

ADMIT TO (Attending MD and Floor):
☐ MTC
Dr: __________

Diagnosis:
☐ Standing Order  ☐ One Time Order

☐ Type and screen blood
☐ Insert peripheral intravenous catheter for blood transfusion
☐ Transfuse via central venous catheter
☐ ADMINISTER PREMEDICATIONS WITH EACH TRANSFUSION
☐ Normal Saline @ 30 cc hour
☐ Diet ________

I. PLATELET TRANSFUSION
☐ Transfuse ____ units random donor platelets over approximately 45 minutes
☐ Transfuse ____ units single donor platelets over approximately 45 minutes
☐ Transfuse ____ units human leukocyte antigen (HLA) matched platelets over approximately 45 minutes
☐ Hold for Platelets ≥ ______

II. RED BLOOD CELL TRANSFUSION
☐ Transfuse ____ units packed red blood cells each unit over approximately 2 hours
☐ Transfuse ____ units washed red blood cells each unit over approximately 2 hours
☐ D/C intravenous infusion and IV after transfusion complete
☐ Hold for HCT ≥ ______
☐ Deaccess medport prior to Discharge
☐ DISCHARGE PATIENT AFTER TRANSFUSION COMPLETE

Signature/
Title:

SIGN EACH SET OF ORDERS AND INDICATE DATE & TIME