

**HIGHLAND HOSPITAL  
STRONG MEMORIAL HOSPITAL  
PATIENT CARE ORDERS FOR  
BLOOD TRANSFUSION  
SH 598 MR**



\*410\*

Outpatient

HT (cm): \_\_\_\_\_ WT (kg): \_\_\_\_\_

**DO NOT USE ABBREVIATIONS:** U, IU, Q.D., Q.O.D., Trailing zero (X.0 mg), Lack of leading zero (.X mg), MS, MSO<sub>4</sub>, MgSO<sub>4</sub>, µg, T.I.W., A.S., A.D., A.U.

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

Allergies/Sensitivities	Adverse Reactions

MEDICATION MG/KG/DOSE

**Acetaminophen**

DOSE	ROUTE	FREQUENCY
650 mg	PO	x 1 premed
INDICATION		TIME DATE
SIGNATURE/TITLE		PAGER NUMBER

Date & Time **NON-DRUG ORDERS**

ADMIT TO (Attending MD and Floor):  
 MTC  
 Dr: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Standing Order     One Time Order

MEDICATION MG/KG/DOSE

**Diphenhydramine**

DOSE	ROUTE	FREQUENCY
25 mg	PO	x 1 premed
INDICATION		TIME DATE
SIGNATURE/TITLE		PAGER NUMBER

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: \_\_\_\_\_

MEDICATION MG/KG/DOSE

**Diphenhydramine**

DOSE	ROUTE	FREQUENCY
25 mg	IV	x 1 prn (may repeat x 1)
INDICATION		TIME DATE
SIGNATURE/TITLE		PAGER NUMBER

Transfusion reaction/hives

MEDICATION MG/KG/DOSE

**Meperidine**

DOSE	ROUTE	FREQUENCY
25 mg	IV	x 1 prn
INDICATION		TIME DATE
SIGNATURE/TITLE		PAGER NUMBER

Transfusion reaction/rigors

MEDICATION MG/KG/DOSE

**Heparin** 100 units/ml

DOSE	ROUTE	FREQUENCY
500 units via medport		
INDICATION		TIME DATE
SIGNATURE/TITLE		PAGER NUMBER

for medport deaccess

MEDICATION MG/KG/DOSE

DOSE	ROUTE	FREQUENCY
INDICATION		TIME DATE
SIGNATURE/TITLE		PAGER NUMBER

RR DONNELLEY

Rev. 4/19

**SIGN EACH SET OF ORDERS AND INDICATE DATE & TIME**