



**TRANSFUSION ORDERS-OUTPATIENT**

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (kg) Allergies: \_\_\_\_\_

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

1. Admit 2 Tower Outpatient for: Outpatient Transfusion
2. Diagnosis: \_\_\_\_\_
3. Diet as tolerated
4. Vital signs per Transfusion Protocol
5. Type and Match for ( ) \_\_\_\_\_ units of PRBC's then transfuse  
 ( ) \_\_\_\_\_ unit FFP/fresh frozen plasma then transfuse  
 ( ) \_\_\_\_\_ units Platelets then transfuse  
 ( ) \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 ( ) \_\_\_\_\_
6. Premedicate with:
  - ( ) Acetaminophen \_\_\_\_\_mg PO x 1 dose
  - ( ) diphenhydrAMINE \_\_\_\_\_mg PO x 1 dose
  - ( ) diphenhydrAMINE \_\_\_\_\_mg IV x 1 dose
  - ( ) methylPREDNISolone (SOLU-medrol) \_\_\_\_\_mg IV x 1 dose
  - ( ) Furosemide \_\_\_\_\_mg IV  
 - Administer: \_\_\_\_ after 1<sup>st</sup> unit \_\_\_\_ between units \_\_\_\_ after completed
  - ( ) \_\_\_\_\_
  - ( ) None
7. Normal saline 0.9% 500 ml IV for transfusion
8. IV Line Care:
  - Normal Saline 10 ml IV flush after each use
  - For implanted ports: Heparin 100 units/ml 5 ml IV flush after each use or prior to deaccessing
9. Discharge home when transfusion complete.  
 ( ) \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 ( ) \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

