

# PHYSICIAN'S ORDER

ANOTHER DRUG OF GENERIC OR THERAPEUTIC EQUIVALENCE MAY BE DISPENSED UNLESS CHECKED.

## AMBULATORY INFUSION CLINIC

### BLOOD TRANSFUSION

DATE: \_\_\_\_\_

ADMIT TO AMBULATORY INFUSION CLINIC TO DR. \_\_\_\_\_  
FOR BLOOD TRANSFUSION.

HEMOGLOBIN \_\_\_\_\_

HEMATOCRIT \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

ICD-10 \_\_\_\_\_

START IV FLUIDS WITH NORMAL SALINE AT KVO RATE.

LEUKOPORE FILTER

\_\_\_ TRANSFUSE \_\_\_\_\_ UNITS OF FRESH FROZEN PLASMA.

\_\_\_ TRANSFUSE \_\_\_\_\_ UNITS OF PACKED RBC'S OVER 2-4 HOURS EACH UNIT.

\_\_\_ TRANSFUSE \_\_\_\_\_ UNITS OF PLATELETS.

MAY DISCHARGE WHEN TRANSFUSION COMPLETE.

PREMEDS – PRIOR TO TRANSFUSION:

DIPHENHYDRAMINE 25mg PO x 1

DIPHENHYDRAMINE 50mg PO x 1

ACETAMINOPHEN 650mg PO x 1

OTHER

MEDICATIONS \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
TIME DATE



M.AISBLT

ais025\_003\_no\_demo (rev 11/09/16)

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ORDERS**

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