

PHYSICIAN'S ORDER

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

Harbor Regional Health Infusion Services BLOOD TRANSFUSION

Patient Name: _____ DOB: _____ Ordering Provider: _____

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

**PHYSICIAN'S
ORDERS**

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