



Southwest Health System, Inc
Southwest Memorial Infusion Clinic
Phone: 970-564-2499, Fax: 970-564-2498

Blood Product Transfusion Orders

Patient Name: _____ Date of Birth: _____ Weight: _____

Diagnosis: _____ Allergies: _____

Date blood product to be administered: _____

Administer the following blood product and number of units:

- ___ Packed Red Blood Cells: _____ units (infuse over 1-2hrs/unit, not > than 4hrs/unit)
- ___ Whole Blood: _____ units (infuse over 1-2hrs/unit, not > than 4hrs/unit)
- ___ Platelets: _____ units (infuse as rapidly as patient tolerates, no more than 4hrs)
- ___ Fresh Frozen Plasma: _____ units (infuse within 4hrs)
- ___ Other: _____
- ___ Type & Screen for _____ units (will fax this order to lab for you)

Pre-medication Orders:

- ___ Tylenol 650 mg PO
- ___ Benadryl 25 mg _____ PO or _____ IV
- ___ Benadryl 50 mg _____ PO or _____ IV
- ___ Other: _____

Treatment of Reaction if Necessary (Immediately STOP Infusion)

- ___ Tylenol 650 mg PO
- ___ Benadryl 25 mg _____ PO or _____ IV
- ___ Benadryl 50 mg _____ PO or _____ IV
- ___ If Tylenol/Benadryl not effective, CALL MD and consider Epinephrine 0.4 mg SubQ and/or Solumedrol 125 mg IV, call hospital ambulance
- ___ Oxygen by nasal cannula if Sat < 90% or S/S of respiratory distress
- ___ Other: _____

Additional Orders: _____

Physician Signature: _____ **Date:** _____ **Time:** _____