

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:
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/units)	Diagnosis:	Allergies:	
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/units) Platelets:units (infuse as rapidly as patient tolerates, no more than 4hrs) Fresh Frozen Plasma:units (infuse within 4hrs) Other: Type & Screen forunits (will fax this order to lab for you) Pre-medication Orders: Tylenol 650 mg PO Benadryl 25 mgPO orIV Benadryl 50 mgPO orIV Other: Treatment of Reaction if Necessary (Immediately STOP Infusion) Tylenol 650 mg PO Benadryl 25 mgPO orIV Benadryl 25 mgPO orIV Benadryl 50 mgPO orIV Benadryl 50 mgPO orIV 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:	Date blood product to be administe	ered:	
Whole Blood:units (infuse over 1-2hrs/unit, not > than 4hrs/units) Platelets:units (infuse as rapidly as patient tolerates, no more than 4hrs) Fresh Frozen Plasma:units (infuse within 4hrs) Other: Type & Screen forunits (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:	Administer the following blood p	roduct and number of unit	s:
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	Additional Orders:		
	•	Date:	

Revision 1. 10/2016