

Labs

| | Interval | Defer Until | Duration |
|--|-------------|-------------|-----------------|
| <input checked="" type="checkbox"/> Type and screen Routine, Status: Future, Expires: S+366, Clinic Collect | Every visit | S | Until discont'd |

Nursing Pre-Transfusion Orders

| | Interval | Defer Until | Duration |
|--|-------------|-------------|-----------------|
| <input checked="" type="checkbox"/> Consent obtained The Benefits vs Risks of Blood and Blood product transfusion have been discussed with this patient. Has consent been obtained? Yes | Every visit | S | Until discont'd |
| <input checked="" type="checkbox"/> Maintain IV Access Details | Every visit | S | Until discont'd |
| <input checked="" type="checkbox"/> Vital signs - T/P/R/BP Per Unit Protocol Monitor Vital Signs before transfusion starts, 15 minutes after transfusion starts, and at completion of transfusion. Notify physician of any abnormal vital signs. | Every visit | S | Until discont'd |
| <input checked="" type="checkbox"/> Transfusion Reaction Evaluation Transfusion Reaction Evaluation: In the event of a transfusion reaction do the following: 1) Immediately stop the transfusion 2) Start Normal Saline Intravenous infusion 3) Notify ordering physician and Transfusion Medicine Services (blood bank) 4) Document the suspected transfusion reaction (refer to HMH Policy and Procedure NU1303) 5) Obtain post-transfusion type and screen. | Every visit | S | Until discont'd |

Transfusion Product

| | Interval | Defer Until | Duration |
|---|-------------|-------------|-----------------|
| <input checked="" type="checkbox"/> Prepare cryoprecipitate Routine Transfusion Indications: Transfusion date: | Every visit | S | Until discont'd |

Nursing Transfusion Orders

| | Interval | Defer Until | Duration |
|--|-------------|-------------|-----------------|
| <input checked="" type="checkbox"/> Transfuse cryoprecipitate Routine Transfusion duration per unit (hrs): | Every visit | S | Until discont'd |

Pre-Medications

| | Interval | Defer Until | Duration |
|---|-------------|-------------|-----------------|
| <input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, once, Starting S, For 1 Doses Administer 30 minutes prior to blood transfusion. | Every visit | S | Until discont'd |
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet 25 mg 25 mg, oral, once, Starting S, For 1 Doses Administer 30 minutes prior to blood transfusion. | Every visit | S | Until discont'd |
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg 25 mg, intravenous, once, Starting S, For 1 Doses Administer 30 minutes prior to blood transfusion. | Every visit | S | Until discont'd |
| <input type="checkbox"/> famotidine (PEPCID) tablet 20 mg 20 mg, oral, once, Starting S, For 1 Doses Administer 30 minutes prior to blood transfusion. | Every visit | S | Until discont'd |
| <input type="checkbox"/> famotidine (PEPCID) injection 20 mg 20 mg, intravenous, once, Starting S, For 1 Doses Administer 30 minutes prior to blood transfusion. | Every visit | S | Until discont'd |
| <input type="checkbox"/> fexofenadine (ALLEGRA) tablet 180 mg 180 mg, oral, once, Starting S, For 1 Doses Administer 30 minutes prior to blood transfusion. | Every visit | S | Until discont'd |
| <input type="checkbox"/> hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg | Every visit | S | Until discont'd |

Pre-Medications (continued)

| | Interval | Defer Until | Duration |
|--|-------------|-------------|-----------------|
| 100 mg, intravenous, once, Starting S, For 1 Doses Administer 30 minutes prior to blood transfusion. | | | |
| <input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection 10 mg 10 mg, intravenous, once, Starting S, For 1 Doses Administer 30 minutes prior to blood transfusion. | Every visit | S | Until discont'd |
| <input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection 40 mg 40 mg, intravenous, once, Starting S, For 1 Doses Administer 30 minutes prior to blood transfusion. | Every visit | S | Until discont'd |

IV Fluids

| | Interval | Defer Until | Duration |
|---|-------------|-------------|-----------------|
| <input checked="" type="checkbox"/> sodium chloride 0.9% infusion 250 mL 250 mL, intravenous, at 30 mL/hr, once, Starting S, For 1 Doses Administer with blood to keep vein open. | Every visit | S | Until discont'd |
| <input type="checkbox"/> sodium chloride 0.9% infusion 500 mL 500 mL, intravenous, at 30 mL/hr, once, Starting S, For 1 Doses Administer with blood to keep vein open. | Every visit | S | Until discont'd |

Post-Medications

| | Interval | Defer Until | Duration |
|--|-------------|-------------|-----------------|
| <input checked="" type="checkbox"/> sodium chloride 0.9% flush 10 mL 10 mL, intravenous, PRN, line care, Starting S IV flush upon transfusion completion. | Every visit | S | Until discont'd |
| <input type="checkbox"/> furosemide (LASIX) injection 20 mg 20 mg, intravenous, once, For 1 Doses Inject each 20 mg of furosemide slowly IV over 1 to 2 minutes. Administer after first unit of blood. | Every visit | S | Until discont'd |
| <input type="checkbox"/> furosemide (LASIX) tablet 20 mg 20 mg, oral, once, Starting S, For 1 Doses Administer post blood transfusion. | Every visit | S | Until discont'd |