## FRESH FROZEN PLASMA TRANSFUSION

| S        |   |  |                         |   |
|----------|---|--|-------------------------|---|
|          |   | Interval   | Defer Until             | Duration  |
| ~        | Type and screen   | Every visit  | S                       | Until discont'd   |
| _        | Routine, Status: Future, Expires: S+366, Clinic Collect   |  |                         |   |
| sing P   | re-Transfusion Orders   |  |                         |   |
|          |   | Interval   | Defer Until             | Duration  |
| ~        | Consent obtained  | Every visit  | S                       | Until discont'd   |
|          | The Benefits vs Risks of Blood and Blood product transfusion have been discu  | ssed with this pa  | tient.                  |   |
|          | Has consent been obtained? Yes  |  |                         |   |
| ~        | Maintain IV Access  | Every visit  | S                       | Until discont'd   |
|          | Details   |  |                         |   |
| <b>✓</b> | Vital signs - T/P/R/BP Per Unit Protocol  | Every visit  | S                       | Until discont'd   |
|          | Monitor Vital Signs before transfusion starts, 15 minutes after transfusion starts  | s, and at complet  | ion of transfusion.     | Notify physician of   |
|          | any abnormal vital signs.   | Erramondata  |                         | I lostil alia a a satis   |
| <b>✓</b> | Transfusion Reaction Evaluation   | Every visit  | S                       | Until discont'd   |
|          | Transfusion Reaction Evaluation: In the event of a transfusion reaction do the Normal Saline Intravenous infusion 3) Notify ordering physician and Transfus   |  |                         |   |
|          | suspected transfusion reaction (refer to HMH Policy and Procedure NU1303)   |  | transfusion type a      |   |
|          | on Draduct  |  |                         |   |
| nsiusi   | on Product  |  | D ( 11 '''              | - ·   |
|          | Duamana fuach fuaran ulaanna  | Interval   | Defer Until             | Duration  |
| ~        | Prepare fresh frozen plasma   | Every visit  | S                       | Until discont'd   |
|          | Routine   |  |                         |   |
|          | Transfusion Indications: Transfusion date:  |  |                         |   |
|          | Hansiusion date.  |  |                         |   |
| sina T   | ransfusion Orders   |  |                         |   |
|          |   | Interval   | Defer Until             | Duration  |
| ~        | Transfuse fresh frozen plasma   |  | _                       |   |
| Ľ        |   | Every visii  | S                       | - Uniii aisconi a   |
|          | Routine   | Every visit  | S                       | Until discont o   |
|          | Routine   | Every visit  | S                       | Until discont (   |
|          | Routine Transfusion duration per unit (hrs):  | Every visit  | 5                       | Until discont'o   |
| -Medic   | Routine Transfusion duration per unit (hrs):  | ·  |                         |   |
|          | Routine Transfusion duration per unit (hrs): ations   | Interval   | Defer Until             | Duration  |
| -Medic   | Routine Transfusion duration per unit (hrs):  ations  acetaminophen (TYLENOL) tablet 650 mg   | ·  |                         | Duration  |
|          | Routine Transfusion duration per unit (hrs):  ations  acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, once, Starting S, For 1 Doses   | Interval   | Defer Until             | Duration  |
|          | Routine Transfusion duration per unit (hrs):  ations  acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, once, Starting S, For 1 Doses Administer 30 minutes prior to blood transfusion.   | Interval<br>Every visit  | <b>Defer Until</b><br>S | Duration<br>Until discont'd   |
|          | Routine Transfusion duration per unit (hrs):  ations  acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, once, Starting S, For 1 Doses Administer 30 minutes prior to blood transfusion.  diphenhydrAMINE (BENADRYL) tablet 25 mg  | Interval   | Defer Until             | Duration<br>Until discont'd   |
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**Pre-Medications (continued)** Interval Defer Until Duration 100 mg, intravenous, once, Starting S, For 1 Doses Administer 30 minutes prior to blood transfusion. S Until discont'd methylPREDNISolone sodium succinate (Solu-MEDROL) Every visit П injection 10 mg 10 mg, intravenous, once, Starting S, For 1 Doses Administer 30 minutes prior to blood transfusion. methylPREDNISolone sodium succinate (Solu-MEDROL) S Until discont'd Every visit injection 40 mg 40 mg, intravenous, once, Starting S, For 1 Doses Administer 30 minutes prior to blood transfusion. **IV Fluids** Defer Until Interval Duration sodium chloride 0.9% infusion 250 mL Until discont'd Every visit S 250 mL, intravenous, at 30 mL/hr, once, Starting S, For 1 Doses Administer with blood to keep vein open. sodium chloride 0.9% infusion 500 mL Every visit S Until discont'd 500 mL, intravenous, at 30 mL/hr, once, Starting S, For 1 Doses Administer with blood to keep vein open. **Post-Medications** Interval Defer Until Duration sodium chloride 0.9% flush 10 mL Until discont'd Every visit 10 mL, intravenous, PRN, line care, Starting S IV flush upon transfusion completion.

Inject each 20 mg of furosemide slowly IV over 1 to 2 minutes. Administer after first unit of blood.

Every visit

Every visit

S

S

furosemide (LASIX) injection 20 mg

20 mg, intravenous, once, For 1 Doses

furosemide (LASIX) tablet 20 mg

20 mg, oral, once, Starting S, For 1 Doses Administer post blood transfusion.

П

Until discont'd

Until discont'd