

Location: _____

General

Case Request

Case request operating room Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Requested time:
Special needs:
Add on case?
Clinical trial?
Case Classification:
PAT Needs?
Pre-op diagnosis:
CPT Codes:
ERAS?

Planned ICU Admission Post-Operatively (Admit to Inpatient Order)

Patients who are having an Inpatient Only Procedure as determined by CMS and patients with prior authorization for Inpatient Care may have an Admit to Inpatient order written pre-operatively.

Admit to Inpatient Frequency: Once Ordering Quantity: 1 Phase of Care: Pre-op Priority: Routine

Question(s):

Admitting Physician:
Level of Care:
Patient Condition:
Bed request comments:
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

Nursing

Vitals

Vital signs - T/P/R/BP Frequency: Per unit protocol Phase of Care: Pre-op Priority: Routine Comments: Upon arrival and per protocol

Activity

Activity as tolerated Frequency: Until discontinued Phase of Care: Pre-op Priority: Routine

Question(s):

Specify: Activity as tolerated

Nursing

Height and weight Frequency: Once Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine

Insert and Maintain IV

Insert peripheral IV Frequency: Once Frequency Limit: 1 Occurrences Ordering Quantity: 1 Priority: STAT

Saline lock IV Frequency: Once Frequency Limit: 1 Occurrences Ordering Quantity: 1 Priority: Routine

sodium chloride 0.9 % flush Dose: 10 mL Frequency: PRN PRN Reasons: line care

Nursing communication Frequency: Until discontinued Phase of Care: Pre-op Priority: Routine Comments: Do not send patient to surgery until cleared by Nephrologist.

Nursing communication Frequency: Until discontinued Phase of Care: Pre-op Priority: Routine Comments: Nurse to send medications to operating room - To be administered by Anesthesiologist

Telemetry

Telemetry monitoring Frequency: Continuous Frequency Limit: 48 Hours Priority: Routine

Question(s):

Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)

Reason for telemetry:

Can be off of Telemetry for baths? Yes

Can be off for transport and tests? Yes

Telemetry additional setup information Frequency: Continuous Frequency Limit: 48 Hours Priority: Routine

Question(s):

High Heart Rate (BPM): 130.000

Low Heart Rate(BPM): 50.000

High PVC's (per minute): 10.000

Consent

Sign: _____

Printed Name: _____

Date/Time: _____

Complete consent for Frequency: Once **Phase of Care:** Pre-op **Priority:** Routine **Comments:** Deceased Donor UNOS ID # ***. Please witness patient signature for the "Organ Transplant Donor Status Disclosure Informed Consent form," reviewed by transplant coordinator

Question(s):

Procedure: Deceased Donor Kidney Transplant

Diagnosis/Condition:

Physician:

Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

Complete consent for Frequency: Once **Phase of Care:** Pre-op **Priority:** Routine **Comments:** Living Donor Name: ***

Question(s):

Procedure: Living Donor Kidney Transplant

Diagnosis/Condition:

Physician:

Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

Notify

Notify Kidney Transplant Coordinator/(713) 441-5451 Frequency: Once **Phase of Care:** Pre-op **Priority:** Routine **Comments:** For questions

Notify Nephrologist Service Frequency: Once **Phase of Care:** Pre-op **Priority:** Routine **Comments:** Upon patient arrival and provide tentative time for surgery at phone number {Nephrology Services:29399}

Diet

NPO Frequency: Diet effective now **Phase of Care:** Pre-op **Priority:** Routine

Question(s):

NPO: Except meds

Pre-Operative fasting options:

Process Instructions:

An NPO order without explicit exceptions means nothing can be given orally to the patient.

IV Fluids**Medications****Restricted Medication**

No NSAIDs EXcluding aspirin Frequency: Until discontinued **Phase of Care:** Pre-op **Priority:** STAT

Question(s):

Reason for "No" order: transplant patient

On Call to OR Medications for Induction

antithymocyte globulin IVPB (THYMOGLOBULIN) plus Oral Premeds (acetaminophen, diphenhydramine) plus mycophenolate (CELLCEPT) Oral Dose

antithymocyte globulin (rabbit) (THYMOGLUBULIN) IVPB Dose: 1.5 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Pre-op

Admin Instructions:

Nurse to call Dunn 3 OR pharmacy at 1-2366 when patient arrives to OR. Pharmacy to dispense dose directly to OR for administration by Anesthesiologist. Pre-medication (acetaminophen and diphenhydramine) to be given on-call to the OR.

Product Admin Instructions:

Administer via 0.2 micron low protein binding filter into a CENTRAL line

acetaminophen (TYLENOL) tablet Dose: 650 mg **Route:** oral **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Pre-op

Product Admin Instructions:

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

diphenhydrAMINE (BENADRYL) tablet Dose: 25 mg **Route:** oral **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Pre-op

mycophenolate mofetil (CELLCEPT) capsule/tablet Dose: 1500 mg **Route:** oral **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Pre-op

Admin Instructions:

HAZARDOUS - Handle with care.

Product Admin Instructions:

Give on empty stomach.

basiliximab (SIMULECT) IV Dose and mycophenolate (CELLCEPT) Oral Dose

Sign: _____ Printed Name: _____ Date/Time: _____

basiliximab (SIMULECT) IVPB Dose: 20 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Phase of Care: Pre-op Minimum Infusion Duration: 30.000 Minutes

Admin Instructions:

Nurse to call Dunn 3 OR pharmacy at 1-2366 when patient arrives to OR pharmacy to dispense dose directly to OR for administration by Anesthesiologist. HAZARDOUS - Handle with care.

mycophenolate (CELLCEPT) tablet Dose: 1500 mg Route: oral Frequency: once Frequency Limit: 1 Occurrences

Phase of Care: Pre-op

Admin Instructions:

HAZARDOUS - Handle with care.

Product Admin Instructions:

Give on empty stomach.

PreOp Prophylactic Antibiotic: For Patients GREATER than 120 kg

cefazolin (ANCEF) IV - for patient GREATER than 120 kg Dose: 3 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Admin Instructions:

Give 1 hour prior to skin incision

If Penicillin Allergic: clindamycin (CLEOCIN) IV plus aztreonam (AZACTAM) IV

clindamycin (CLEOCIN) IV Dose: 900 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Phase of Care: Pre-op Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

Indication:

Admin Instructions:

Administer within in 30 minutes of incision.

aztreonam (AZACTAM) IV Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of

Care: Pre-op Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Admin Instructions:

Administer within in 30 minutes of incision.

PreOp Prophylactic Antibiotic: For Patients LESS than or EQUAL to 120 kg

cefazolin (ANCEF) IV - for patient LESS than or EQUAL to 120 kg Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Admin Instructions:

Give 1 hour prior to skin incision

If Penicillin Allergic: clindamycin (CLEOCIN) IV plus aztreonam (AZACTAM) IV

clindamycin (CLEOCIN) IV Dose: 900 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Phase of Care: Pre-op Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

Indication:

Admin Instructions:

Administer within in 30 minutes of incision.

aztreonam (AZACTAM) IV Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of

Care: Pre-op Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Admin Instructions:

Administer within in 30 minutes of incision.

All Patients

methylPREDNISolone sodium succinate (Solu-MEDROL) injection Dose: 500 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Pre-op

Sign: _____ Printed Name: _____ Date/Time: _____

Labs

 COVID-19 Qualitative PCR

COVID-19 qualitative RT-PCR - Nasal Swab Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op
Priority: Routine

Question(s):

Specimen Source: Nasal Swab

Is this for pre-procedure or non-PUI assessment? Yes

Specimen Source:

Laboratory Stat

CBC with platelet and differential Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine
Specimen Type: Blood Maximum Quantity: 3

Comprehensive metabolic panel Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine
Specimen Type: Blood Maximum Quantity: 3

Phosphorus level Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine
Specimen Type: Blood Maximum Quantity: 3

Magnesium level Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine
Specimen Type: Blood Maximum Quantity: 3

Prothrombin time with INR Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine
Specimen Type: Blood Maximum Quantity: 3

Partial thromboplastin time Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine
Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

Hemoglobin A1c Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine
Specimen Type: Blood Maximum Quantity: 3

Cytomegalovirus, quantitative PCR Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine
Specimen Type: Blood

Question(s):

Specimen Source: Plasma

BK virus by PCR Frequency: Once Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine
Specimen Type: Blood

Question(s):

Specimen Source: Plasma

Cytomegalovirus antibody, IgG Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine
Specimen Type: Blood Maximum Quantity: 3

West Nile virus antibody, IgM Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine
Specimen Type: Serum Maximum Quantity: 3

Primary Ordering Comments:

This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

West Nile virus antibody, IgG Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine
Specimen Type: Serum Maximum Quantity: 3

Primary Ordering Comments:

This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

CYP3A and CYP4A PCR Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine
Specimen Type: Blood Maximum Quantity: 3

Question(s):

Medication being evaluated: tacrolimusRelease to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Immediate

Primary Ordering Comments:

This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

Lab STAT for Females Age Less Than 45

Sign: _____ Printed Name: _____ Date/Time: _____

- hCG qualitative, urine** Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine
Specimen Type: Urine
Question(s):
 Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Labs Stat Deceased Donor

- HLA antibody testing - pre transplant** Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood
Maximum Quantity: 3
Primary Ordering Comments:
 Collect 1 Red Top tube (6 mL)

{HM IP HLAA LAB OPTIONS:28669}

- HLA deceased donor** Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood **Maximum Quantity:** 3
Primary Ordering Comments:
 Deceased Donor Crossmatch #1 - Recipient
 Collect 5 Yellow Top (10ml); 2 Red Top (10ml)
 HLA Allogeneic Crossmatch (XMHLA, PXMHL, PXMHL2)
 HLA Auto Crossmatch (AXMHL)
 {Single Antigen Bead w/wo Dil:29123}
 Perform C1q? {C1q (HC1Q):29520}

Donor OPTN (UNOS ID): ***

Microbiology

- Urinalysis screen and microscopy, with reflex to culture** Frequency: Once Phase of Care: Pre-op Priority: Today
Specimen Type: Urine
Question(s):
 Specimen Source: Urine
 Specimen Site: Clean catch
Primary Ordering Comments:
 Specimen must be received in the laboratory within 2 hours of collection.

Increased Risk for Disease Transmission Donor/Serology Testing

- HIV 1/2 antigen/antibody, fourth generation, with reflexes** Frequency: Once Phase of Care: Pre-op Priority: Routine
Specimen Type: Blood **Maximum Quantity:** 3 **Comments:** Perform on HBV negative recipient
Question(s):
 Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- Human immunodeficiency virus 1 (HIV-1), quantitative PCR** Frequency: Once Phase of Care: Pre-op Priority: Routine
Specimen Type: Blood **Maximum Quantity:** 3 **Comments:** Perform on HBV negative recipient
Question(s):
 Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- Hepatitis B surface antigen** Frequency: Once Phase of Care: Pre-op Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Perform on HBV negative recipient
- Hepatitis B surface antibody** Frequency: Once Phase of Care: Pre-op Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Perform on HBV negative recipient
- Hepatitis B core antibody, total** Frequency: Once Phase of Care: Pre-op Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Perform on HBV negative recipient
- Hepatitis B virus (HBV), quantitative PCR** Frequency: Once Phase of Care: Pre-op Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Perform on HBV negative recipient
- Hepatitis C Virus (HCV) Antibody With Reflex to PCR** Frequency: Once Phase of Care: Pre-op Priority: Routine **Maximum Quantity:** 3 **Comments:** Perform regardless recipient HCV status
- Hepatitis C virus (HCV), quantitative PCR** Frequency: Once Phase of Care: Pre-op Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Perform regardless recipient HCV status

Increased Risk for Disease Transmission Donor/Serology Testing

- HIV 1/2 antigen/antibody, fourth generation, with reflexes** Frequency: Once Phase of Care: Pre-op Priority: Routine
Specimen Type: Blood **Maximum Quantity:** 3 **Comments:** Perform on HBV negative recipient
Question(s):
 Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Sign: _____ Printed Name: _____ Date/Time: _____

HIV-1 RNA, qualitative TMA Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform on HBV negative recipient

Question(s):

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Hepatitis B surface antigen Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform on HBV negative recipient

Hepatitis B surface antibody Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform on HBV negative recipient

Hepatitis B core antibody, total Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform on HBV negative recipient

Hepatitis B virus (HBV), quantitative PCR Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform on HBV negative recipient

Hepatitis C Virus (HCV) Antibody With Reflex to PCR Frequency: Once Phase of Care: Pre-op Priority: Routine Maximum Quantity: 3 Comments: Perform regardless recipient HCV status

Hepatitis C virus (HCV), quantitative PCR Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Perform regardless recipient HCV status

Cardiology**Cardiology**

ECG 12 lead Frequency: Once Frequency Limit: 1 Occurrences Start Date: S+2 Start Time: 0600 Phase of Care: Pre-op Priority: STAT Maximum Quantity: 6

Question(s):

Clinical Indications: ○ Pre-Op Clearance

Interpreting Physician:

Transthoracic Echocardiogram Complete, (w contrast, Strain and 3D if needed) Frequency: 1 time imaging Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine Comments: Kidney transplant pre-op clearance

Question(s):

Does this study require a chemo toxicity strain protocol?

Does this exam need a strain protocol?

Call back number for Critical Findings:

Where should test be performed?

Does this exam need a bubble study?

Preferred interpreting Cardiologist or group:

Process Instructions:

If this patient has had an echocardiogram ordered/performed within the past 120 hours as indicated by repeat Echo orders report on the left. Please contact the Echo department at 713-441-2222 to discuss the reason for a repeat exam with a cardiologist.

For STAT order, select appropriate STAT Indication. Please enter the cell phone number for the ordering physician so the echo attending can communicate the results of the stat test promptly. If the phone number is not entered, we will not be able to perform the test as stat. Please note that nursing unit phone number or NP phone number do not meet this request'

Other Indications should be ordered for TODAY or Routine.

For Discharge or Observation patient, please choose TODAY as Priority.

Imaging**Diagnostic CT**

CT Chest W Wo Contrast Frequency: 1 time imaging Phase of Care: Pre-op Priority: STAT

Question(s):

Is the patient pregnant?

Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam.

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Process Instructions:

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

Diagnostics X-RAY

XR Chest 2 Vw Frequency: 1 time imaging Phase of Care: Pre-op Priority: STAT

Question(s):

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Other Studies**Respiratory****Rehab****Consults**

For Physician Consult orders use sidebar

Blood Products**Lab Draw**

Type and screen Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood

Blood Products

Red Blood Cells

Red Blood Cells

Antibodies are present. There may be a delay in product availability.

Prepare RBC Frequency: Blood - Once Frequency Limit: 1 Occurrences Start Date: S Priority: Routine

Specimen Type: Blood

Question(s):

Transfusion Indications:

Transfusion date:

Transfuse RBC Frequency: Transfusion Start Date: S Priority: Routine

Question(s):

Transfusion duration per unit (hrs):

sodium chloride 0.9% infusion Dose: 250 mL Route: intravenous Frequency: continuous PRN Minimum

Infusion Rate: 30.000 mL/hr PRN Comment: RBC transfusion

Admin Instructions:

Administer with blood

Red Blood Cells

Prepare RBC Frequency: Blood - Once Frequency Limit: 1 Occurrences Start Date: S Priority: Routine

Specimen Type: Blood

Question(s):

Transfusion Indications:

Transfusion date:

Transfuse RBC Frequency: Transfusion Start Date: S Priority: Routine

Question(s):

Transfusion duration per unit (hrs):

Sign: _____ Printed Name: _____ Date/Time: _____

sodium chloride 0.9% infusion Dose: 250 mL Route: intravenous Frequency: continuous PRN Minimum Infusion Rate: 30.000 mL/hr PRN Comment: RBC transfusion
Admin Instructions:
 Administer with blood

Platelet Pheresis

Prepare platelet pheresis Frequency: Once Start Date: S Priority: Routine Specimen Type: Blood

Question(s):

Transfusion Indications:

Transfusion date:

Process Instructions:

Usual adult dose is one pheresis platelet unit. One pheresis platelet unit is equivalent to 5-6 pooled, whole blood-derived platelet units.

Transfuse platelet pheresis Frequency: Transfusion Start Date: S Priority: Routine

Question(s):

Transfusion duration per unit (hrs):

Process Instructions:

Usual adult dose is one pheresis platelet unit. One pheresis platelet unit is equivalent to 5-6 pooled, whole blood-derived platelet units.

sodium chloride 0.9% infusion Dose: 250 mL Route: intravenous Frequency: continuous PRN Minimum Infusion Rate: 30.000 mL/hr PRN Comment: platelet pheresis

Admin Instructions:

Administer with blood

Fresh Frozen Plasma

Prepare fresh frozen plasma Frequency: Once Start Date: S Priority: Routine Specimen Type: Blood

Question(s):

Transfusion Indications:

Transfusion date:

Transfuse fresh frozen plasma Start Date: S Priority: Routine

Question(s):

Transfusion duration per unit (hrs):

sodium chloride 0.9% infusion Dose: 250 mL Route: intravenous Frequency: continuous PRN Minimum Infusion Rate: 30.000 mL/hr PRN Comment: fresh frozen plasma

Admin Instructions:

Administer with blood

Cryoprecipitate

Prepare cryoprecipitate Frequency: Blood - Once Frequency Limit: 1 Occurrences Start Date: S Priority: Routine

Specimen Type: Blood

Question(s):

Transfusion Indications:

Transfusion date:

Transfuse cryoprecipitate Frequency: Transfusion Start Date: S Priority: Routine

Question(s):

Transfusion duration per unit (hrs):

sodium chloride 0.9% infusion Dose: 250 mL Route: intravenous Frequency: continuous PRN Minimum Infusion Rate: 30.000 mL/hr PRN Comment: cryoprecipitate

Admin Instructions:

Administer with blood

Additional Orders

Sign: _____ Printed Name: _____ Date/Time: _____