

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

**Question(s):**

Allowance for Patient Preference:

**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.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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

## Labs

**COVID-19 Qualitative PCR**

**COVID-19 qualitative RT-PCR** Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority:  
Routine Specimen Type: Nasal swab Comments: Potential transplant recipient in-house in preparation of transplant.

**Question(s):**

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:  tacrolimus

Release 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.):

**hCG qualitative, serum screen** Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Please draw if patient is anuric.

**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**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**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.):

**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**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**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: \_\_\_\_\_