




Trinity Infusion Center
 500 John Deere Road, Suite 304
 Moline, IL 61265

Orders preceded with:

- Must be checked to be initiated
- Will be initiated unless a line is drawn through them
- Bulleted items are reminders
-  Ribbons indicate related quality measures

Patient Label
 For Hospital Use Only

Phone: (309) 779-2463
 Fax: (309) 779-2465

Outpatient Transfusion of Blood Products

Name: _____ DOB: _____

Diagnosis: _____ Allergies: _____ NKDA

▶ Please send pre-transfusion CBC with each order.

Type & Screen RBCs Date: _____

▶ Avoid type & screen **AND** transfusion on the same day to allow timely completion of transfusion.

Transfuse PRBCs Date: _____

Recommended PRBCs Transfusion Triggers

- Hgb <8-9 gm/dL in **symptomatic** patients or in **asymptomatic** patients with bone marrow suppression
- Hgb <7-8 gm/dl in **asymptomatic** patients with absence of bone marrow suppression
 - ▶ 1 unit of PRBCs is expected to raise Hgb level by approx. 1 gm/dL in average adult.
 - ▶ No more than 2 units of PRBCs are to be transfused in a 24-hour period for non-bleeding patients.
 - ▶ Transfusion of 1 unit of PRBCs per day is advised for asymptomatic non-bleeding patients; transfusion of > 1 unit may require two separate days.

1 unit 2 units irradiated (for immunocompromised patients)
 Indication: Anemia with symptoms (CHF, SOB with hypoxemia, hypotension, chest pain) Perioperative
 Other: _____

Transfuse Platelets Date: _____

Recommended Platelet Transfusion Triggers

- Platelets <10,000 in patients with bone marrow suppression; <20,000 if also febrile or septic (to prevent bleeding)
- Platelets <50,000 if bleeding or undergoing major surgery; <100,000 in case of CNS or ocular bleeding
- Active bleeding with known platelet dysfunction
 - ▶ 1 unit of single donor (apheresis) platelets is expected to raise platelet count by approx. 30,000 per µl in average adult.

Transfuse _____ unit(s) non-irradiated platelets irradiated platelets (for immunocompromised patients)
 Indication: Prophylactic Platelet dysfunction Perioperative other: _____

Nursing:

- Vital Signs per policy/guidelines Anaphylaxis Protocol
- Stop transfusion if patient demonstrates signs and symptoms of transfusion reaction **and** notify MD
- IV Insertion - may discontinue after transfusion completed
- Sodium chloride 0.9%, 500 ml in a small bolus or an infusion over 4 hours as needed, for priming the tubing and for flushing before and after blood product administration

Medications

- Acetaminophen (TYLENOL) p.o. 650 mg one hour prior to transfusion
- Diphenhydramine (BENADRYL) p.o. 25 mg 50 mg one hour prior to transfusion
- Furosemide (LASIX) IV 20 mg 40 mg prior to transfusion after the transfusion
- Other: _____

Date: _____ Time: _____ Physician Signature: _____

