



Outpatient Blood Transfusion Order

Diagnosis code: _____ Diagnosis description: _____
Date of transfusion: _____
 Type & Screen

PACKED RED BLOOD CELLS

Hgb: _____ g/dL Date of Result: _____
 1 unit 2 units Other: _____
 Irradiated Leukoreduced/CMV safe Other: _____

Check Indication

- Hgb <7 g/dL
- Hgb <8 g/dL with
 - Pre-existing cardiovascular disease
- Hgb <9 g/dL with
 - Bone marrow recovery not imminent/Chemotherapy
 - Symptomatic anemia not responsive to fluid resuscitation
 - Pre-existing cardiovascular disease
- Other: _____

PLATELETS

Platelet Count: _____
 Transfuse: 1 Unit apheresis platelets irradiated

Check Indication

- Platelet count < 10,000/ μ L
- Platelet count < 20,000/ μ L and febrile (within 24 hours) or unstable
- Platelet count < 50,000/ μ L with bleeding or invasive procedure
- Intrinsic Platelet dysfunction with bleeding or invasive procedure (specify) _____

POST TRANSFUSION LABS

- Hct/Hgb _____ after transfusion CBC _____ after transfusion
- Platelet Count – 10 – 60 minutes after transfusion
- Other: _____

SUPPORTIVE CARE MEDICATIONS

- Diphenhydramine 25 mg po x 1 dose (give IV if unable to tolerate po) prior to transfusion
- Acetaminophen 650 mg po x 1 dose (give PR if unable to tolerate po) prior to transfusion
- Furosemide IV _____ mg (please choose option(s) below)
 - Give once after unit _____
 - Give once after transfusion completed

Signature of Provider

Provider's Printed Name

Date

Time

Patient Name and DOB: