



Change order details by crossing out unwanted information and writing in desired details/instructions. Place a line through the [X] to remove the pre-check option.

OP Blood Transfusion Smart Set [3040000654]

Infusion Center Location: _____	Start Date: _____
Diagnosis/Indication: _____	
Authorization Number: _____	J-Code/CPT/Misc. Code: _____

Nursing

CVAD OR PERIPHERAL IV ACCESS (Single Response)

- | | |
|--|---|
| <input type="checkbox"/> Access & Use Central Line/CVAD | Routine, As needed, Starting Today For Until specified, OP Blood Infusion
Device Type:
External Location: |
| <input checked="" type="checkbox"/> Insert peripheral IV | Routine, Once For 1 Occurrence, OP Blood Infusion |

Labs

Blood Bank Test

- | | |
|--|---|
| <input type="checkbox"/> Type And Screen | Status: Standing, Expires: Y+1 Manual,Count:1, Clinic Collect, Blood, Pre-Admission Testing |
|--|---|

Pre-Transfusion Labs

- | | |
|---|--|
| <input type="checkbox"/> Hemoglobin - Pre-Transfusion | Status: Standing, Expires: Y+1 Manual,Count:1, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> CBC, No Differential - Pre-Transfusion | Status: Standing, Expires: Y+1 Manual,Count:1, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> Prottime-INR - Pre-Transfusion | Status: Standing, Expires: Y+1 Manual,Count:1, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> PTT - Pre-Transfusion | Status: Standing, Expires: Y+1 Manual,Count:1, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> Fibrinogen - Pre-Transfusion | Status: Standing, Expires: Y+1 Manual,Count:1, Clinic Collect, Pre-Admission Testing |

Post-Transfusion Labs

- | | |
|--|--|
| <input type="checkbox"/> Hemoglobin - Post-Transfusion | Status: Standing, Expires: Y+1 Manual,Count:1, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> CBC, No Differential - Post-Transfusion | Status: Standing, Expires: Y+1 Manual,Count:1, Clinic Collect |
| <input type="checkbox"/> Prottime-INR - Post-Transfusion | Status: Standing, Expires: Y+1 Manual,Count:1, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> PTT - Post-Transfusion | Status: Standing, Expires: Y+1 Manual,Count:1, Clinic Collect, Pre-Admission Testing |
| <input type="checkbox"/> Fibrinogen - Post-Transfusion | Status: Standing, Expires: Y+1 Manual,Count:1, Clinic Collect, Pre-Admission Testing |

Line Care

Line Care (Hep Lock Flush 100u/ml, NS Flush, Lidocaine 1%, Alteplase 2mg)

- | | |
|--|---|
| <input checked="" type="checkbox"/> heparin, porcine (PF) 100 unit/mL flush | 3-5 mL, IV, As Needed, Line Care, OP Blood Infusion
To flush Hickman or PICC with 3mL. To flush Port-a-Cath 5mL. |
| <input checked="" type="checkbox"/> sodium chloride 0.9 % injection | 10 mL, IV, As Needed, Other, Line Care, OP Blood Infusion
Sterile NS for Port-a-Cath access. |
| <input type="checkbox"/> lidocaine (PF) (XYLOCAINE-MPF) 10 mg/mL (1 %) injection | 0.25 mL, Infiltration, Once, For 1 Doses, OP Blood Infusion |

Initials _____

Place patient label here

<input type="checkbox"/> alteplase (CATHFLO) injection	2 mg, Intra-Catheter, As Needed, Other, Occluded Catheter, For 2 Doses, OP Blood Infusion Reconstitute with 2.2 mL Sterile Water to the vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix by gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Instill medication in non-functional lumen. Do not use lumen while dwelling. Allow to dwell 30 minutes and check for patency by drawing back on lumen for blood return. If line is still not patent, allow medication to dwell an additional 90 minutes. Dwell time not to exceed 120 min. Use second dose of Alteplase (Cathflo) if catheter not patent after 120 min. If the catheter is functional, aspirate and waste the medication and residual clot prior to flushing the line.
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Blood Products

Blood Products

<input type="checkbox"/> Adult Blood Administration - Red Blood Cells <input checked="" type="checkbox"/> Prepare RBC	Routine, Best practice is to order one unit. If the patient has positive antibodies, prepare a replacement of 1 unit to have available., Pre-Admission Testing Patient Type: Adult Transfusion Indications: Number of Units: Expected Date of Transfusion: Expected Location of Transfusion: Special Requirements:
<input checked="" type="checkbox"/> Transfuse RBC	Routine, OP Blood Infusion
<input type="checkbox"/> Adult Blood Administration - Platelets <input checked="" type="checkbox"/> Prepare Platelet Dose	Routine, Pre-Admission Testing Patient type: Adult Number of Units: Transfusion Indications: Expected Date of Transfusion: Expected Location of Transfusion: Special Requirements:
<input checked="" type="checkbox"/> Transfuse platelets	Routine, OP Blood Infusion
<input type="checkbox"/> Adult Blood Administration - Fresh Frozen Plasma <input checked="" type="checkbox"/> Prepare Plasma	Routine, Pre-Admission Testing Patient Type: Adult Number of Units: Transfusion Indications: Expected Date of Transfusion: Expected Location of Transfusion: Special Requirements:
<input checked="" type="checkbox"/> Transfuse fresh frozen plasma	Routine, OP Blood Infusion
<input type="checkbox"/> Adult Blood Administration - Pooled Cryoprecipitate 1 pooled unit = 5 single units, and is expected to increase fibrinogen by 37 mg/dL in a 70 kg adult <input checked="" type="checkbox"/> Prepare Pooled Cryoprecipitate	Routine, 1 pooled unit = 5 single units, and is expected to increase fibrinogen by 37 mg/dL in a 70 kg adult, Pre-Admission Testing Patient Type: Adult Number of Pooled Units:

Initials

Place patient label here

Transfusion Indications:
 Expected Date of Transfusion:
 Expected Location of Transfusion:
 Special Requirements:
 Routine, OP Blood Infusion

 Transfuse cryoprecipitate

Medications
Pre-Transfusion Medications

<input checked="" type="checkbox"/> sodium chloride 0.9 % bolus	20 mL, IV, Administer over: 15 Minutes, As Needed, for PRIMING and FLUSHING of blood administration tubing, OP Blood Infusion Hold maintenance infusion while bolus is infusing? Yes
<input type="checkbox"/> furosemide (LASIX) IV 20 mg	20 mg, IV, Once, For 1 Doses, OP Blood Infusion Give once prior to transfusion.
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg	650 mg, Oral, Once, For 1 Doses, OP Blood Infusion Give once prior to transfusion.
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) capsule 25 mg	25 mg, Oral, Once, For 1 Doses, OP Blood Infusion Give once prior to transfusion.
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) IV 25 mg	25 mg, IV, Once, For 1 Doses, OP Blood Infusion Give once prior to transfusion.
<input type="checkbox"/> diphenhydramine (BENADRYL) oral liquid	12.5 mg, Oral, Once, For 1 Doses, OP Blood Infusion Give once prior to transfusion.

During Transfusion Medications

<input type="checkbox"/> furosemide (LASIX) IV 20 mg	20 mg, IV, Once, For 1 Doses, OP Blood Infusion Give between units.
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Post-Transfusion Medications

<input checked="" type="checkbox"/> sodium chloride (NS) 0.9 % flush	3-10 mL, IV, As Needed, Line Care, OP Blood Infusion Peripheral - flush with 3 ml; Central Line - flush with 10 ml.
<input type="checkbox"/> furosemide (LASIX) IV 20 mg	20 mg, IV, Once, For 1 Doses, OP Blood Infusion Give once after transfusion.

Standard Emergency Meds - Adult

<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	25-50 mg, IV, Once As Needed, Other, Mild to moderate drug reactions, For 1 Doses, OP Blood Infusion Flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritis. Administer 50mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25mg IV for a total dose of 50mg, and contact provider.
<input checked="" type="checkbox"/> EPINEPHrine (ADRENALIN) injection	0.5 mg, Intramuscular, Once As Needed, Other, Flushing, dizziness, headache, diaphoresis, fever palpitations, chest discomfort plus blood pressure changes (≥ 40 points in SBP), shortness of breath with wheezing and O2Sat $<90\%$), and contact provider., For 1 Doses, OP Blood Infusion
<input checked="" type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection	125 mg, IV, Once As Needed, Other, shortness of breath for continued symptoms of mild to moderate drug reactions, For 1 Doses, OP Blood Infusion Flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritis that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.

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albuterol 90 mcg/actuation inhaler 1-3 puff, Inhalation, Once As Needed, Wheezing, Shortness of Breath, shortness of breath associated with infusion reaction and contact provider, For 1 Doses, OP Blood Infusion Administer with a spacer if available.

Referral

PH Referral to Infusion Therapy (Blood Tx Default)

Ambulatory referral to Infusion Therapy Internal Referral

Provider Signature

EHR User ID

Date

Time

Initials

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