

# Outpatient Transfusion Order Form



Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ [Patient Sticker]

Account #/MRN/DOS: \_\_\_\_\_

## Steps:

1. Please call the Chest Pain Center at Anderson Hospital to schedule the patient at 618-391-6697.
2. Fax completed form to Chest Pain Center at 618-288-0197.
3. Patient must be appropriate for outpatient setting. If patient is experiencing any of the following: shortness of breath, chest pain, heart rate > 120 bpm, pulse oximeter < 90% on room air or home oxygen, systolic blood pressure < 90, fever > 100°F, active bleeding, please send patient to Emergency Department.

## Orders:

Transfusion Date: \_\_\_\_\_ Time: \_\_\_\_\_

Ordering Physician \_\_\_\_\_ Diagnosis \_\_\_\_\_

Allergies \_\_\_\_\_

Dr. office contact & direct number \_\_\_\_\_

Name of Insurance: \_\_\_\_\_ Policy/Member ID: \_\_\_\_\_ Group #: \_\_\_\_\_

## Please address all of the following:

Hospital to Obtain Signed Consent from:  Patient **or**  Signed by patient's personal representative  
(POA/ Legal Guardian, etc.)

Transfusion of:  Packed Red Blood Cells - # of units: \_\_\_\_\_

Fresh Frozen Plasma - # of units: \_\_\_\_\_

Platelets - # of units: \_\_\_\_\_

Diet:  Regular  Heart Healthy  Diabetic  Renal

Type & screen

Hemoglobin & hematocrit

Start IV access **or**  Access Port

Activity:  Patient is alert & independent **or**  Patient requires ambulatory assistance (wheelchair/stand pivot)

Additional Labs: \_\_\_\_\_

Pre- Medications (optional)		Other Transfusion Medications
_____ 20 mg Pepcid- PO once <i>or</i> _____ 40 mg Pepcid- PO once	_____ 25 mg Benadryl- PO once <i>or</i> _____ 50 mg Benadryl- PO once	_____ 25 mg Benadryl- IVP- once PRN for itching <i>or</i> _____ 50 mg Benadryl- IVP- once PRN for itching
_____ 650 Tylenol- PO once	_____ 50 mg Solu Cortef- IV once <i>or</i> _____ 100 mg Solu Cortef- IV once	_____ 20 mg Lasix- IVP, once between units <i>or</i> _____ 40 mg Lasix- IVP, once between units

Additional Orders: \_\_\_\_\_

## Discharge:

- Discontinue IV **or** De-access Port  Discharge when vital signs are within normal limits or have returned to baseline.  
 No signs or symptoms of transfusion reaction present

Provider Signature \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_