|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*\*check appropriate box\*\* | | | | | | | | | | |
| **ICD 10/Primary Diagnosis:** | | | | **ICD 10/Secondary Diagnosis:** | | | | | | |
| **Allergies:** | | | | | | | | | | | |
| **Lab to be drawn by facility** | | | | | | | | | | |
| **Lab** | | **Frequency** | | **Lab** | | | | | **Frequency** | |
| CBC w/ Diff, Type & Screen | | Once | |  | | | | |  | |
|  | |  | |  | | | | |  | |
| **Transfusion Orders/Parameters** | | | | | | | | | | |
| **Transfuse** \_\_\_\_\_\_\_\_\_\_\_\_ units of PRBC per protocol. **Hemoglobin**:\_\_\_\_\_\_\_ **Hematocrit**:\_\_\_\_\_\_\_ | | | | | | | | | | |
| **Transfuse** \_\_\_\_\_\_\_\_\_\_\_\_ units of Platelets per protocol. **Platelet Count:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **Special Requirements** | | | | | | | | | | |
| **Irradiated  Leukoreduced  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
| **Frequency: Once** | | | | | | | | | | |
| **Medication** | | | | | | | | | | |
| **Pre-Medication**  **No Pre-Medication Required** | | | | | | | | | | |
| **Pre-Medication** | **Dose** | | **Route** | | **Pre-Medication** | | | **Dose** | | **Route** |
| acetaminophen |  | | PO | | diphenhydrAMINE | | |  | | PO |
| diphenhydrAMINE |  | | IVP | |  | | |  | |  |
|  |  | |  | |  | | |  | |  |
| **During/Post Medication**  **No additional medication Required** | | | | | | | | | | |
| **Medication** | | | **Dose** | | | **Route** | **Time** | | | |
| furosemide | | |  | | | IV | During transfusion | | | |
| furosemide | | |  | | | IV | Post-transfusion | | | |
|  | | |  | | |  |  | | | |
| **PRN EMERGECY MEDS**  Per Facility Protocol  Provider requested emergency meds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **Additional Orders:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |