|  |
| --- |
| \*\*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**[x]  Per Facility Protocol[ ]  Provider requested emergency meds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Additional Orders:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |