



Outpatient Blood Transfusion Order

Diagnosis code: _____ Diagnosis description: _____

Date of transfusion: _____

Type & Screen

OK to use PICC or Port per Protocol for Transfusion

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/µL

Platelet count < 20,000/µL and febrile (within 24 hours) or unstable

Platelet count < 50,000/µL 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: