

Medical Day Clinic Packed Red Blood Cell Administration Order Set (Adult)

***** Orders valid for 6 months only*****

Consent

Ensure consent for blood products has been obtained prior to initiation of transfusion

Vitals

Baseline T, HR, RR, BP, SpO₂ prior to transfusion

T, HR, RR, BP, SpO₂ 15 minutes post initiation of transfusion, then every 60 minutes until 1-hour post completion of transfusion

Lab Investigations

Pre Transfusion

If not previously completed: CBC APTT INR Type + Screen
 Fibrinogen level Ca Mg

Repeat blood work prior to every new transfusion

Post Transfusion

CBC: When packed red blood cell transfusion completed Next a.m. On _____ (date, time)

Management of Blood Products Administration Side Effects

*****max acetaminophen from all sources 4,000 mg in 24 hours*****

Consider if previous transfusion reaction:

acetaminophen 650 mg PO/NG/PR immediately prior to transfusion

diphenhydramine 50 mg PO/IV immediately prior to transfusion

Transfusion of Blood Products

Reason for transfusion: _____

Current Hgb (g/L): _____ Target Hgb (g/L): _____

Transfuse _____ units of packed red blood cells each over _____ hour(s)

Repeat transfusion q _____ weeks X _____ weeks (Max 6 months) if Hgb less than _____

Furosemide _____ mg IV to be given _____

Transfusion Reaction Treatment

*****max acetaminophen from all sources 4,000 mg in 24 hours*****

If transfusion reaction occurs (e.g. allergic reaction, T greater than 38°C and/or rise in T of 1°C, urticaria, rigors):

- Notify MD
- Stop transfusion of blood products
- Notify Blood Bank of reaction and complete transfusion reaction form
- Blood sample for transfusion reaction
- Urine for transfusion reaction
- acetaminophen 650 mg PO/NG/PR STAT
- diphenhydramine 50 mg IV STAT

Physician/Practitioner Signature

Print Name/Designation

Date

Time

Transcribed By: _____ Designation _____ Date _____ Time _____

Checked By: _____ Designation _____ Date _____ Time _____

Sent to Pharmacy Date _____ Time _____