

Name: _____
MRN: _____
DOB: _____

Today's Date _____ Time _____

Diagnosis: _____ Other: _____

Age: _____ Height (cm): _____ Weight (kg): _____ BSA (m²): _____

ALLERGIES/Sensitivities: NKDA or _____

Start Date (at least 1 wk from today): _____ **Urgent (Call Infusion Center)**

Treatment Department: EHW OP Infusion

Appointment Requests: Tolerance: Use default, for chronic treatments order valid for 1 year

Infusion Appointment Request (choose one)- 2 Hours 4 Hours

Twice weekly: Mon, Thursday

Weekly

Monthly

Once

Treatment Conditions (Administer Treatment if): Once on Day 1

Okay to treat. Include details here: _____

Labs: Lab (if selected) will be done as per appointment frequency selected above (unless specified)

Blood Bank Tests:

Type & Screen Once

Pre Transfusion Labs:

Hemoglobin A1C Once

Hematocrit Once

CBC & Diff

Prothrombin-INR Once

Partial Thromboplastin Time Once

Fibrinogen Once

Ferritin Once

Nursing Orders: (frequency to match appointment orders)

Transfusion reaction evaluation:

1. Stop Transfusion. Keep IV line open with normal saline
2. Complete transfusion reaction form in flowsheet and follow prompts.
3. Notify blood bank of reaction.
4. Contact ordering physician

Pre-Medications:

Acetaminophen tablet 650 mg, oral, PRN

DiphenhydrAMINE 25mg, PRN (choose one) tablet, Oral injection, IV

All information provided on this form & calculations have been independently confirmed & recalculated as indicated by signature(s) below

Licensed Medical Professional

Print Name: _____

Signature _____

Date _____

Contact # _____

Attending Physician

Print Name: _____

Signature _____

Date _____

Contact # _____

Name: _____
MRN: _____
DOB: _____

Supportive Care: Order will be done as per appointment frequency

- Sodium chloride 0.9% prime bag 250 ml
250 ml, intravenous, at 0-999, PRN as needed, Prime Bag

Provider Communication: Order will be done as per appointment frequency

- For special requirements beyond those in the order, please call the Blood Bank.

Transfusion:

Prepare and Transfuse RBC

- Prepare and Transfuse RBC: 1 Unit Leukoreduced, irradiated
Transfusions indications: Hgb < 7 g/dL

Prepare and Transfuse Platelets

- Prepare and Transfuse Platelets 1 Units, Leukoreduced, Irradiated
Transfusion indications: Platelet count <= 20,000 and anticipated further drop for outpatient

Prepare and Transfuse Plasma

- Prepare and Transfuse fresh frozen plasma: 1 Unit
Transfusion indications: Clinically significant bleeding AND INR >= 1.7 OR PTT > 45 sec OR fibrinogen is <100 mg/dL

Emergency Medications Order will be done as per appointment frequency

- Hypersensitivity reaction protocol
Protocol Document: <https://emory.ellucid.com/documents/view/15307/15641>

All information provided on this form & calculations have been independently confirmed & recalculated as indicated by signature(s) below

Licensed Medical Professional

Print Name: _____
Signature _____
Date _____
Contact # _____

Attending Physician

Print Name: _____
Signature _____
Date _____
Contact # _____