



PATIENT NAME AND DATE OF BIRTH

Huntington Hospital Transfusion Clinic
Transfusion Order

DIRECTIONS: Check appropriate boxes, fill in the required blanks and sign & date to activate orders.

DIAGNOSIS: \_\_\_\_\_

ALLERGIES:  NKDA  \_\_\_\_\_

Packed Red Blood Cells: \_\_\_ Units to transfuse Over \_\_\_ hours each unit.
Transfusion requirements:  Irradiated  Other (Specify) \_\_\_\_\_
Platelets: \_\_\_ Units to transfuse
Transfusion requirements:  Irradiated  Other (Specify) \_\_\_\_\_
Thawed Plasma: \_\_\_ Units to transfuse

Specific transfusion instructions:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Diet:  Regular  Other (Specify) \_\_\_\_\_

IVs:  Peripheral IV
 Access Peripherally Inserted Central Catheter (PICC) flush with \_\_\_\_\_
 Access Venous Access Port (VAP) flush with \_\_\_\_\_

Pre-transfusion medication:

- Diphenhydramine (Benadryl™) 25 mg PO x1
 Diphenhydramine (Benadryl™) 50 mg PO x1
 Acetaminophen (Tylenol™) 325 mg 2 tablets PO x1
 Other \_\_\_\_\_

Medications that may be administered for fever or urticaria:

- Acetaminophen (Tylenol™) 325 mg 2 tablets PO for temperature ≥2 °F or 1 °C from baseline
 Diphenhydramine (Benadryl™) 25 mg PO x1
 Diphenhydramine (Benadryl™) 50 mg PO x1
 Other \_\_\_\_\_

Post-transfusion Testing:

Labs:  CBC  Additional Tests \_\_\_\_\_

Table with 3 columns: Physician Name, Physician Signature, Date/Time. Includes rows for Telephone Order and Noted.

HUNTINGTON HOSPITAL
PASADENA, CA