

PATIENT INFORMATION

BLOOD TRANSFUSION ORDER SET

OUTPATIENT - ADULT

As of November 2022

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Allergies: None known OR _____

Referring Health Care Provider: _____

DIAGNOSIS: _____
<p>Medical History: <input type="checkbox"/> Cardiac/Congestive Heart Failure (CHF) <input type="checkbox"/> Blood Disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Renal Insufficiency <input type="checkbox"/> Patient experiencing hemodynamic symptoms Other: _____</p> <p>Previous Transfusion History: <input type="checkbox"/> Previous transfusion or pregnancy within 3 months Number of previous pregnancies _____</p>
CONSENT
<p><input checked="" type="checkbox"/> Informed consent (current within the past 12 months and for same treatment reason) has been signed and attached to this order. Ongoing verbal consent obtained with each transfusion.</p>
LAB INVESTIGATIONS (Prior to Transfusion)
<p><input checked="" type="checkbox"/> Complete blood count (CBC) <input checked="" type="checkbox"/> Group and Screen</p> <p>NOTE: Post transfusion lab investigations are not covered within this order set.</p>
RED BLOOD CELLS (RBCs) CURRENT HEMOGLOBIN _____
<p>Standard thresholds: <input type="checkbox"/> If Hemoglobin is less than 80 g/L, transfuse 1 unit of RBCs and if Hemoglobin is less than 70 g/L, transfuse 2 units of RBCs</p> <p>OR</p> <p>Maximum thresholds: <input type="checkbox"/> If Hemoglobin is less than 90 g/L, transfuse 1 unit of RBCs and If Hemoglobin is less than 85 g/L, transfuse 2 units of RBCs</p> <p>OR</p> <p><input type="checkbox"/> If Hemoglobin is less than 90 g/L, transfuse 1 unit of RBCs and if Hemoglobin is less than 80 g/L, transfuse 2 units of RBCs</p> <p><input checked="" type="checkbox"/> Transfuse each unit over _____ hours (usually 1.5-2 hours, consider a slower transfusion rate (100 mL/hour) if increased risk of circulatory overload e.g. age greater than 70, small stature, history of heart failure, left ventricular dysfunction or myocardial infarction, renal dysfunction, positive fluid balance and euvolemic severe anemia*** up to a maximum of 4 hours)</p> <p>NOTE: Consider IV Iron instead of RBCs for patients with stable iron deficiency anemia without serious symptoms.</p>

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SPECIAL REQUESTS (select all that apply)

Alert the Transfusion Medicine Lab at 613-345-5649 ext. 51161 if any of the below special requests are required.

Patient requires irradiated blood products. Check all indications below:

- Previous Hodgkin's Lymphoma
- Previous treatment with the following drugs: anti-thymocyte globulin, alemtuzumab, purine analogues or antagonists (e.g. bendamustine cladribine, fludarabine, clofarbine, deoxycoformicin, nelarabine)
- Autologous stem cell transplant within risk period (7 days prior to collection to 3 months after infusion)
- Allogeneic stem cell transplant within risk period (for 6 months minimum and until all immunosuppressive therapy has been discontinued and lymphocyte count is over $1.0 \times 10^9/L$)
- Chimeric antigen receptor (CAR)-T Cell Therapy within risk period (from 7 days before collection and 3 months after infusion)
- Congenital T-cell immunodeficiency

Patient requires specially matched blood products. Check all indications below:

- Sickle Cell disease
- Thalassemia major or intermedia

Return for Transfusion: _____

If Patient requires transfusion **once monthly or more frequently**, please identify frequency.

If the patient does not meet threshold to receive their transfusion the referring health care provider will be notified and a new order will be required for ongoing transfusions.

INTRAVENOUS (IV) THERAPY

If no IV access insert peripheral IV and start IV 0.9 % NaCl at 15mL/hour to keep vein open.

Discontinue peripheral IV after transfusion complete

MEDICATIONS

Furosemide ____mg PO prior to transfusion OR ____ mg IV prior to transfusion (Usual dose 0.5 to 1 mg/kg)

Hypersensitivity Prophylaxis (Only order if patient has a history of a serious or 3 or more non-serious transfusion reactions)

Acetaminophen _____mg PO/NG/PR 30 minutes prior to transfusion (for prior febrile reactions)

diphenhydr**AMINE** _____mg PO/IV 30 minutes prior to transfusion (for prior allergic reactions)

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NURSING ACTIONS
Transfuse RBCs in accordance with BGH policy ' MED-015 Routine Blood Transfusion '
TRANSFUSION REACTION
<input checked="" type="checkbox"/> Stop transfusion IMMEDIATELY. Keep IV open with slow saline drip. <input checked="" type="checkbox"/> Report IMMEDIATELY to the Transfusion Medicine Lab and the ordering health practitioner. <input checked="" type="checkbox"/> Complete Transfusion Reaction Report. <input checked="" type="checkbox"/> Collect the following blood samples required for investigation (from opposite arm if possible): 1 pink top Vacutainer tube EDTA, 1 lavender top Vacutainer tube EDTA, 1 light green Vacutainer tube lithium heparin. <input checked="" type="checkbox"/> Collect urinalysis. <input checked="" type="checkbox"/> Send blood unit, blood samples, urine sample and the form to the Transfusion Medicine Lab for investigation. <input type="checkbox"/> Acetaminophen 650 mg PO x1 <input type="checkbox"/> diphenhydramine 50 mg IV STAT <p>If Patient is not stable call CODE BLUE or transfer to the Emergency Department and notify ordering health care provider.</p>
<p><u>Information Regarding Blood Transfusion Process in Medical Day Clinic (MDC) at Brockville General Hospital</u></p> <ol style="list-style-type: none"> 1. Send MDC Referral Form, Blood Transfusion Order Set, and signed consent to the MDC in ACU. 2. Provide patient with the pamphlet and ask that they go to the BGH outpatient lab to have their blood drawn for potential blood transfusion, 1-2 days prior to scheduled appointment. (NO separate lab requisition required). 3. Upon ACU receiving the completed documents as stated above, the ACU staff will book an appointment for the patient and remind them to attend outpatient lab for BW 2 days prior to appointment. 4. Pre transfusion hemoglobin will be reviewed by MDC, and if patient is requiring transfusion based on the ordered parameters patient will be booked for Transfusion, and date and time will be sent to you, the referring health care provider (HCP). 5. If patient is not requiring a blood transfusion based on the above parameters, we request that the referring HCP contact the patient. The MDC will notify the referring HCP. 6. PLEASE NOTE: If this is of urgent nature please call the MDC in ACU at BGH to discuss, OR if you have not received response from ACU within 4 business days please contact them.

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