# Outpatient Transfusion Orders

**Date** | **Time** | **Verbal/Phone Order Read Back and Verified with Practitioner**
---|---|---

**Physician’s Order and Signature**

**Admit patient to Outpatient Services**
- Diagnosis: ____________________________

**Code Status:**
- [ ] Full Code
- [ ] DNR
- [ ] Patient Defined Code

**Nursing Care:**
- [ ] Vital Signs Per Protocol
- [ ] Insert Peripheral IV
- [ ] Discharge patient after transfusion complete

**Diet:**
- [ ] Regular as tolerated

**Medications:**
- [ ] Tylenol (Acetaminophen) 650 mg by mouth times one dose before transfusion.
- [ ] Benadryl (Diphenhydramine) 50 mg by mouth times one dose before transfusion.

**Laboratory:**
- [ ] CBC after transfusion
- [ ] Type and Crossmatch

**Blood Bank:**
- Pretransfusion levels: Hgb________ Hct________ WBC________ Platelets_________
- [ ] Transfuse _______ units of Packed Red Blood Cells. Give each unit over ______ hour(s)
- [ ] Transfuse _______ units of platelets [ ] Random [ ] Type specific
- [ ] CMV Negative [ ] Irradiated [ ] Phoresed

*Use leukoPOOF filter*

**Physician’s Signature** ___________________________ 
**Date:** ______________________ 
**Time:** ______________________

**Allergies & Sensitivities**
- [ ] NKA

**Patient ID Label Here**

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<tr>
<th>Weight</th>
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<th>Diagnosis</th>
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