



PRBC- Pediatric

The person initiating entry should write legibly, date the form (using Mo / Day / Yr), enter time, sign, and indicate their title.

Until signed, these are for general information and reference only. They should not be relied on as advice for a particular patient or situation or as a substitute for the independent professional judgment of the physician.

Date	Time	Physician Orders
		This Dynamic PowerPlan includes EKM rules to guide display of appropriate orders according to the legend: Weight, Age
		Height: _____ cm Actual Weight: _____ kg Weight for Calculation: _____ kg
		<p>Blood Bank Packed Red Blood Cells <i>Typical transfusion is 10-15 mL/kg</i> <i>1 Unit is approximately 350 mL</i></p> <p><i>Refer to the OR Blood Product Transfusion PowerPlan for products needed in OR</i></p> <p>Packed Red Blood Cell Modification Indications: CMV Negative- ALL solid organ transplant patients OR SCT patients with documented Negative CMV IgG Irradiated- ANY known or suspected immunocompromised patient or ANY patient less than 4 months of age, excluding solid organ transplants Washed- ANY patient with a repeated severe transfusion reaction, hyperkalemia or IgA deficiency Ultra-fresh- Consider for patients less than or equal to 17 kg that are receiving numerous or rapid transfusions Refer to PolicyStat ID: 3970810</p> <p style="background-color: yellow;"><i>If additional blood modifications are indicated, you must modify the order. To select multiple RBCs Requested, hold down CTRL and select modifications. Ex. Packed Red Blood Cells, CMV Negative, Irradiated.</i></p> <p><input checked="" type="checkbox"/> Packed Red Blood Cells Leukoreduced CMV Safe <input type="checkbox"/> Patients less than or equal to 25 kg, <i>Comment: Send an additional 15 mL to account for tubing</i></p> <p style="margin-left: 40px;"> <input type="checkbox"/> 5 mL/kg <input type="checkbox"/> 10 mL/kg <input type="checkbox"/> 15 mL/kg <input type="checkbox"/> 20 mL/kg </p> <p><input type="checkbox"/> Patients greater than 25 kg <input type="checkbox"/> 1 Unit <input type="checkbox"/> 2 Units</p> <p><input type="checkbox"/> RBCs Requested <input type="checkbox"/> CMV Negative <input type="checkbox"/> Irradiated <input type="checkbox"/> Washed <input type="checkbox"/> Ultra-fresh <input type="checkbox"/> Other- Specify _____</p> <p><input checked="" type="checkbox"/> Priority <input type="checkbox"/> Routine <input type="checkbox"/> NOW</p>

Practitioner Signature _____ Printed Name _____ Dictation# _____

Entered by: _____ Order Entry Verified _____

Sent to Pharmacy by: _____ (Scan, Tube / Fax / Copy) Date _____ Time _____



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<p>This Dynamic PowerPlan includes EKM rules to guide display of appropriate orders according to the legend: Weight, Age</p>		
		<p> <input type="checkbox"/> STAT <input checked="" type="checkbox"/> Clinical Indication <input type="checkbox"/> Emergent- Bleeding/Hemodynamically Unstable <input type="checkbox"/> Continuation of ECMO <input type="checkbox"/> Hct 21% or less, Hgb 7GM/dL or less <input type="checkbox"/> Other- Specify _____ <input checked="" type="checkbox"/> Infuse over <input type="checkbox"/> 4 hours <input type="checkbox"/> 3 hours <input type="checkbox"/> 2 hours <input checked="" type="checkbox"/> Deliver Blood Product to Tube Station _____ </p>
		<p> Laboratory <input type="checkbox"/> Sickle Cell Antigen, Routine, STAT Select the below order if patient is greater than 4 months of age <input type="checkbox"/> ABO and RH, Routine, STAT <input type="checkbox"/> Indirect Antiglobulin Test, Routine, STAT Select the below order if patient is less than or equal to 4 months of age <input type="checkbox"/> Newborn Profile, Routine, STAT </p>
		<p> Medications Pre-Medications indicated for repeat or prior transfusion reactions <input type="checkbox"/> acetaminophen oral liquid 10-15 mg/kg= _____mg, Orally, Oral SOLN, Unscheduled, ONCE, May give PO/NG <i>Comments: Give 30 minutes before transfusion</i> **Maximum acetaminophen 75 mg/kg/day up to 4 grams per 24 hours from All Sources** <input type="checkbox"/> acetaminophen = _____mg, Orally, Tab, Oral Disintegrating, Unscheduled, ONCE <i>Comments: Comes in 160 mg OD Tab or 325 mg, 500mg, 650mg Tablet. Give 30 minutes before transfusion</i> **Maximum acetaminophen 75 mg/kg/day up to 4 grams per 24 hours from All Sources** <input type="checkbox"/> diphenhydrAMINE elixir 0.5 mg/kg= _____mg, Orally, Elixir, Unscheduled, ONCE May give PO/NG <i>Comments: Give 30 minutes before transfusion</i> <input type="checkbox"/> diphenhydrAMINE 25-50 mg capsule= _____mg, Orally, Capsule, Unscheduled, ONCE <i>Comments: Give 30 minutes before transfusion</i> <input type="checkbox"/> diphenhydrAMINE 0.5mg/kg= _____mg, IV Push, Injection, Unscheduled, ONCE <i>Comments: Give 30 minutes before transfusion. Give injection over 5 minutes.</i> </p>

Practitioner Signature _____ Printed Name _____ Dictation# _____

Entered by: _____ Order Entry Verified _____

Sent to Pharmacy by: _____ (Scan, Tube / Fax / Copy) Date _____ Time _____