

**Peds Blood Product Infusion Order Set (386) [386]**

Blood product review will be performed unless exclusion criteria met. MD: Please note if transfusion given outside of parameter, please justify use in medical record.

**PEDS BLOOD PRODUCT INFUSION ORDERS**

Exclusions from blood review: Red Cell Transfusion: 1) Hgb less than 8 without active bleeding  
2) Hgb less than 10 with evidence of active bleeding 3) Symptomatic anemia

Platelets:\* Need pre and post levels 1) less than 50,000 surgery cases or actively bleeding  
2) less than 20,000 med cases 3) less than 100,000 in CABG, neurological or ophthalmological cases

Fresh Frozen Plasma:\* Need coags pre and post (PT, PTT, INR greater than 1.5 and/or PTT with results greater than 1.5 times normal).

- 1) Post transfusion coags should show correction of INR to less than 3.5
- 2) Warfarin reversal in bleeding patient or patient needing surgery before pharmaceutical correction could occur, TTP and HUS patients, patients with deficiency in ATIII, Protein C, Protein S or heparin cofactor II. Cryo: 1) Fibrin glue, or Fibrinogen less than 100 mg.
- 2) Known Factor VIII, XIII or VWF deficiency.

**Consent**

<input type="checkbox"/> Consent for blood transfusion:	I have discussed with the patient/family the nature and purpose of the proposed treatment, risks and consequences, reasonable and feasible treatment alternatives, and the prognosis if no treatment is given and have given the patient the opportunity to ask any questions they may have., Routine, Normal, FYI, Starting today For 1 Occurrences, Qty-1
<input checked="" type="checkbox"/> Check for signed consent for administration of blood or blood products	Routine, Normal, FYI, Starting today For 1 Occurrences, Qty-1
<input type="checkbox"/> Print Optio form "Consent for Blood Administration".	Routine, Normal, FYI, Starting today For 1 Occurrences, Qty-1

**Laboratory**

Prestorage leukoreduced blood products are considered "CMV safe". CMV negative products are individually tested for CMV by the donor center and may require special shipments which can result in delayed availability.

<input type="checkbox"/> Hemoglobin - pre transfusion	Routine, Lab Collect, ONCE, Starting today For 1 Occurrences, Qty-1
<input type="checkbox"/> Platelet count - pre transfusion	Routine, Lab Collect, ONCE, Starting today For 1 Occurrences, Qty-1
<input type="checkbox"/> CBC (includes Hgb and platelets) - pre transfusion	Routine, Lab Collect, ONCE, Starting today For 1 Occurrences, Qty-1
<input type="checkbox"/> Crossmatch-includes Type and Screen, Blood Bank will assess (add detail)	Routine, Lab Collect Number of ml?: Irradiated: CMV Tested Negative: ONCE, Starting today For 1 Occurrences, Qty-1

**Transfuse RBC**

Irradiated red cells are indicated primarily for neonates, bone marrow transplant patients and any severely immunocompromised patients at risk for transfusion-associated graft versus host disease.

CMV Neg units (seronegative donor units are not immediately available) are indicated primarily for low-birthweight premature infants of seronegative mothers, seronegative bone marrow transplant patients and seronegative pregnant women.

<input type="checkbox"/> Transfuse Packed Cell (Peds) Panel	
<input type="checkbox"/> Lab to place order for Crossmatch/Type and Screen	Routine, Normal, Starting today, Qty-1
<input type="checkbox"/> Transfuse Packed Cells (open order for CMV, Irradiated, Directed Donation options)	Complete question 1, 2 or 3. All RBC's are leukoreduced Routine, Hospital Number of mLs: Reason for transfusion: Directed donation: Rate of infusion (hrs): Keep _ units ahead.: Irradiated: CMV Tested Negative: ONCE, Starting today For 1 Occurrences, Qty-1

**Transfuse Platelets**

<input type="checkbox"/> Transfuse Pheresed, Leukoreduced Platelets (add detail)	Complete question 1., Routine, Lab Collect Peds Platelet Quantity?: NICU Platelet Quantity: Reason for transfusion: CMV Tested Negative: Irradiated: Rate of infusion (hrs): Patient weight: ONCE, Starting today For 1 Occurrences, Qty-1
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**Transfuse Plasma**

<input type="checkbox"/> Transfuse Fresh Frozen Plasma (partial units) (add detail)	Complete question 1 or 2, Routine, Lab Collect FFP-how many mL/kg?: Number of mLs: Reason for transfusion: Rate of infusion (hrs): Patient weight: ONCE, Starting today For 1 Occurrences, Qty-1
<input type="checkbox"/> Transfuse Fresh Frozen Plasma (full units) (add detail)	Routine, Lab Collect How many units?: Reason for transfusion: Rate of infusion (hrs): ONCE, Starting today For 1 Occurrences, Qty-1
<input type="checkbox"/> Transfuse Cryoprecipitate (full units) (add detail)	Routine, Lab Collect Number of Units?: Reason for Cryoprecipitate Transfusion?: Rate of infusion (hrs): ONCE, Starting today For 1 Occurrences, Qty-1
<input type="checkbox"/> Transfuse Cryoprecipitate (partial units) (add detail)	Routine, Lab Collect Number of ml?: Reason for Cryoprecipitate Transfusion?: Rate of infusion (hrs): ONCE, Starting today For 1 Occurrences, Qty-1
<input type="checkbox"/> Transfuse Granulocytes-Product is not routinely available and may result in transfusion delay necessitated by product shipment. (add detail)	Routine, Lab Collect Number of Units/ml?: Reason for transfusion: Rate of infusion (hrs): ONCE, Starting today For 1 Occurrences, Qty-1

**Medications - Blood Product Medications**

<input type="checkbox"/> Immune Globulin (IGG) (Gammagard) IV - indicate necessary dose in order composer	Normal, intravenous, 0.4 g/kg, ONCE PED Blood Product Infusion Orders
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**Medications**

Give pre-medications x1 within 30 minutes prior to transfusion. Indicate additional meds in additional orders section.

<input checked="" type="checkbox"/> Prime and flush blood infusion tubing with NS prior to and after PRBC and platelet transfusion.	Variable volume of saline required depending on tubing size. Not intended to be infused into patient. (Pharmacy to dispense 50 ml bag.), Routine, Normal, FYI, Starting today For 1 Occurrences, Qty-1
<input checked="" type="checkbox"/> Sodium Chloride 0.9% - Prime and flush tubing with NS before and after PRBCs and platelets given	Normal, IV infusion, 1-50 mL, AS DIRECTED For 6 Hours Prime and flush tubing with NS before and after PRBCs and platelets given. Variable volume of saline required depending on tubing size. Not intended of being infused into patient. For 6 Hours
<input type="checkbox"/> Acetaminophen ( Tylenol ) per Pharmacy Pediatric Protocol	**Pharmacy to order x1 dose only per PED Blood Product Infusion Orders.** , Routine, Normal, Starting today, Qty-1
<input type="checkbox"/> Methylprednisolone (Solumedrol) 1 mg/kg IV	Normal, intravenous, 1 mg/kg, ONCE For 1 Doses Give pre-medications x1 within 30 minutes prior to transfusion. For 1 Doses, For 1 Doses
<input type="checkbox"/> Dexamethasone (Decadron) 0.6 mg/kg IV	Normal, intravenous, 0.6 mg/kg, ONCE For 1 Doses Give pre-medications x1 within 30 minutes prior to transfusion. For 1 Doses, For 1 Doses
<input type="checkbox"/> Hydrocortisone (Solucortef) 1 mg/kg IV	Normal, intravenous, 1 mg/kg, ONCE For 1 Doses Max dose 100 mg. Give pre-medications x1 within 30 minutes prior to transfusion. For 1 Doses, For 1 Doses
<input type="checkbox"/> Diphenhydramine (Benadryl) 1 mg/kg IV	Normal, intravenous, 1 mg/kg, ONCE For 1 Doses Give pre-medications x1 within 30 minutes prior to transfusion. If Patient less than or equal to 6 years old, maximum 25 mg/dose. If Patient greater than 6 years old, maximum 50 mg/dose. For 1 Doses, For 1 Doses
<input type="checkbox"/> Diphenhydramine (Benadryl) 1 mg/kg oral liquid	Normal, oral, 1 mg/kg, ONCE For 1 Doses Give pre-medications x1 within 30 minutes prior to transfusion. If Patient less than or equal to 6 years old, maximum 25 mg/dose. If Patient greater than 6 years old, maximum 50 mg/dose. For 1 Doses, For 1 Doses

<input checked="" type="checkbox"/> Lidocaine 4% topical cream (LMX-4) kit	Normal, topical, 1 Kit, AS DIRECTED For 1 Doses, For 1 Doses, For 1 Doses
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**IV furosemide (LASIX) orders:**

<input type="checkbox"/> Furosemide (LASIX) IV - BEFORE transfusion - indicate dose in order composer	Normal, intravenous, 0.5-1 mg/kg, ONCE For 1 Doses Max dose = 80 mg/dose. Give x1 within 30 minutes prior to transfusion. For 1 Doses, For 1 Doses
<input type="checkbox"/> Furosemide (LASIX) IV - DURING transfusion - indicate dose in order composer	Normal, intravenous, 0.5-1 mg/kg, ONCE For 1 Doses Max dose = 80 mg/dose. Give x1 when 1/2 prescribed blood product infused. For 1 Doses, For 1 Doses
<input type="checkbox"/> Furosemide (LASIX) IV - POST transfusion - indicate dose in order composer	Normal, intravenous, 0.5-1 mg/kg, ONCE For 1 Doses Max dose = 80 mg/dose. Give X1 within 30 minutes of completion of transfusion. For 1 Doses, For 1 Doses

**IV Access:**

<input type="checkbox"/> IV access-peripheral (start new if not already in place)	Prime and flush tubing with NS before and after PRBCs and platelets given., Routine, Normal, FYI, Starting today For 1 Occurrences, Qty-1
<input type="checkbox"/> IV access - Central line	Prime and flush tubing with NS before and after PRBCs and platelets given., Routine, Normal, FYI, Starting today For 1 Occurrences, Qty-1
<input type="checkbox"/> IV access-Port	Prime and flush tubing with NS before and after PRBCs and platelets given., Routine, Normal, FYI, Starting today For 1 Occurrences, Qty-1
<input type="checkbox"/> IV access-UAC/UVC	Prime and flush tubing with NS before and after PRBCs and platelets given., Routine, Normal, FYI, Starting today For 1 Occurrences, Qty-1
<input type="checkbox"/> Sodium Chloride 0.9% lock flush syringe	Normal, intravenous, 3 mL, Q8HR AND AS NEEDED
<input type="checkbox"/> Sodium Chloride 0.9% lock flush syringe (Central line)	Normal, intravenous, 5 mL, Q8HR
<input checked="" type="checkbox"/> Prime and flush tubing with NS before and after PRBCs and platelets given. See policy, Blood and Blood Component Transfusion Policy for additional blood product flushing instructions. Variable volume of saline required depending on tubing size. Not intended to be infused into patient (Pharmacy to dispense 50 mL bag).	Routine, Normal, Starting today, Qty-1

**Post Transfusion Labs**

<input type="checkbox"/> Order post transfusion Hgb.	Routine, Normal, FYI, Starting today For 1 Occurrences, Qty-1
<input type="checkbox"/> Order post transfusion Plt.	Routine, Normal, FYI, Starting today For 1 Occurrences, Qty-1
<input type="checkbox"/> Order post transfusion CBC (includes hgb and platelets).	Routine, Normal, FYI, Starting today For 1 Occurrences, Qty-1
<input type="checkbox"/> Order post transfusion PT/INR.	Routine, Normal, FYI, Starting today For 1 Occurrences, Qty-1
<input type="checkbox"/> Order post transfusion PTT.	Routine, Normal, FYI, Starting today For 1 Occurrences, Qty-1

**Transfusion Reaction**

<input checked="" type="checkbox"/> If a transfusion reaction is suspected, stop the transfusion.	Keep the IV line open. Notify physician and treat symptoms as ordered. Notify Blood Bank and obtain form for recording suspected transfusion reaction. (See Blood and Blood Component Transfusion Policy for additional detail.), Routine, Normal, FYI, Starting today For 1 Occurrences, Qty-1
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**CONSENT FOR BLOOD/COMPONENTS TRANSFUSIONS (MEDICAL)**

1. (Print patient's name) \_\_\_\_\_ agree to get blood components.

2. I have had a chance to talk with my doctor or health care team about:

a. Why I need a transfusion (medical condition) \_\_\_\_\_

**Reason for Transfusion (choose one):**

Actively bleeding  Thrombocytopenia  Iatrogenic blood loss (greater than 10% EBV)  Anemia

Known factor deficiency (VII, XII, vWF)  Fibrinogen less than 150  Hypotension

PT (INR) PTT greater than 1.5 x normal  Increase O<sub>2</sub> carrying capacity

Describe reason(s) not otherwise listed: \_\_\_\_\_

b. What a blood transfusion is.

c. How a transfusion might harm me.

d. My choices for treatment. The risks of those choices.

e. How I might feel after. How quickly I should recover.

f. I understand the team will be double checking who I am. This is to protect me.

I have had my questions answered. I agree to the above plan.

Signature: \_\_\_\_\_  
 Patient's (or representative) signature Date Time

Reason if patient unable to sign: \_\_\_\_\_

**DOCTOR/PROVIDER:**

I have answered the patient/family's questions about the proposed plan.

Signature: \_\_\_\_\_  
 Doctor/Provider Signature Date Time  
 (no other signature required if provider witnesses signature)

**WITNESS:**

I have verified that the signature is that of the patient's or representative's. This form has been signed before the procedure.

Signature: \_\_\_\_\_  
 Witness Date Time

Signature: \_\_\_\_\_  
 Interpreter Name (please print) Language/Organization Time

<b>Complications of Blood Transfusions – USA</b>			
<u>INFECTIOUS DISEASE</u>	<u>RISK PER UNIT</u>	<u>OTHER COMPLICATIONS</u>	<u>RISK PER UNIT</u>
Hepatitis C Virus	<1 in 2,000,000	Acute Hemolysis	1 in 15,600 to 35,700
Hepatitis B Virus	1 in 200,000	Fatal Acute Hemolysis	1 in 630,000
Human T-Lymphotropic Virus	1 in 3,000,000	Delayed Hemolysis	1 in 4,000 to 11,600
Human Immunodeficiency Virus	1 in 2,000,000	Fatal Delayed Hemolysis	1 in 3.8 million
Bacteria	< 1 in million	Febrile, Non-Hemolytic	1 in 50 to 100
Other Infection	< 1 in million	Acute Lung Injury	1 in 2,000 to 3,000*
(Syphilis, Malaria, Chagas, Babesia)	<b>REFERENCES:</b> AABB Press, 2000 Dodd, Notari, Stramer <u>Transfusion 2002; 42:975</u>	Hives	1 in 30 to 100
		Severe Anaphylaxis	1 in 18,000 to 170,000
		Circulatory Overload	1 in 3,000 to 12,000
		Transfusion-Associated Graft-VS-Host Disease	Unknown
		<b>REFERENCES:</b> Popovsky (Silliman), et al, 1997* AABB Press, 1996 Reviewed February 2005.	

**Exclusions from Blood Review**

**PHYSICIAN:** Please note \*If transfusion given outside of parameter, please justify use in medical record.

**Red Cell Transfusion**

- Hgb < 8 without active bleeding
- Hgb < 10 with evidence of active bleeding
- Symptomatic anemia

**Platelets**

- Need pre & post levels
- < 50,000 surgery cases or actively bleeding
- < 20,000 med cases
- < 100,000 in CABG, neurological or ophthalmologic cases

**Fresh Frozen Plasma**

- Coags need pre & post (PT PTT, INR  $\geq$  1.5 and/or PTT with results  $\geq$  1.5 times normal).
- Post-transfusion coags should show correction to INR  $\leq$  3.5
- Warfarin reversal in bleeding patient or patient needing surgery before pharmaceutical correction could occur, TTP and HUS patients, patients with deficient in ATIII, Protein C, Protein S or heparin cofactor II.

**Cryo**

- Fibrin glue, or Fibrinogen <100 mg.
- Known Factor VIII, XIII or VWF deficiency.