HEADWATERS Health Care Centre

Clear Form

Patient Label

ALLERGIES:_____

☐ No Known Allergies

Outpatient Packed Red Blood Cell (PRBC) Administration Order Set

ACTION

Fill in the required blanks. Open Box ☐ indicates optional order, activated when checked ☒.
Checked Box ☒ indicates mandatory order unless crossed out. To delete order, draw line through and initial. Orders not checked will not be implemented. Signature, date and time is **REQUIRED**

☐ I, the prescriber, have obtained written consent

Vitals/Monitoring

Vitals:

☒ Temperature within 30 minutes prior to transfusion, 15 minutes after initiated, every 1 hour during transfusion, and at the end of transfusion

☒ Heart Rate, Respiration Rate, Blood Pressure, Oxygen Saturation (SpO2) 30 minutes prior to transfusion, 15 minutes after initiated, every 1 hour during transfusion, and at the end of transfusion

☒ Heart Rate, Respiration Rate, Blood Pressure, Oxygen Saturation (SpO2) PRN and during any transfusion reaction

Monitoring:

☒ Monitor patient closely for transfusion reaction for the first 15 minutes of transfusion.

Lab Investigations

Lab investigations Pre-Transfusion: (if not previously completed)

☐ CBC ☐ Type, Screen + Freeze ☐ Cross Match for ____ units packed red blood cells ☐ once ☐ every _____ week

IV Therapy

☐ If no existing IV, initiate IV 0.9% NaCl at _____ mL/hr

Blood Product Transfusion

Blood Transfusion must begin within 30 minutes of being issued from Blood Bank with a maximum infusion time of 4 hours after issue from Blood Bank

Rationale for Transfusion:

☐ Hemoglobin less than or equal to 70 g/L

☐ Hemoglobin greater than 70 g/L and/or Symptomatic

Reason: _____

Transfuse one unit at a time in stable, non-bleeding patients.

☐ Transfuse _____ units of packed red blood cells each over ____ hour(s)

☐ Furosemide ____ mg IV to be given every_____ (recommend max 1 mg/kg)

Practitioner's Signature _____ Printed Name_____

Date _____Time_____ (24 hrs)

HHCC-2143 2026/09
H.PRBCOS

Please fax this order set to Ambulatory Care Bookings – (519) 941-6022

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Management of Blood Products Transfusion Side Effects

If previous transfusion reaction, Physician to consider the following

☐ Acetaminophen 650mg PO/NG/PR immediately prior to transfusion

☐ DiphenhydrAMINE immediately prior to transfusion

- ☒ 50 mg PO/IV for patients less than 65 years of age
- ☒ 25mg PO/IV for patients 65 years of age and greater

Transfusion Reaction Management

☒ If transfusion reaction occurs e.g. allergic reaction, Temperature greater than 38 ° C and/or rise in Temperature of 1° C, urticaria, rigors perform the following in sequence STAT:

- ☒ Stop transfusion of blood products
- ☒ Keep IV line open with 0.9% NaCl at 50ml/hr
- ☒ Heart Rate, Respiration Rate, Blood Pressure, Oxygen Saturation (SpO2) and PRN
- ☒ Notify Physician
- ☒ Recheck identification of patient with blood product
- ☒ Notify Laboratory Blood Bank of suspected transfusion reaction
- ☒ Transfusion Reaction Lab investigations
  - ☒ CBC
  - ☒ UREA
  - ☒ Creatinine
  - ☒ Urine R+M
  - ☒ Transfusion Reaction
  - ☒ Blood C&S – Patient blood culture
  - ☒ Blood C&S – From central line or second patient blood culture
  - ☒ Blood C&S – Blood product bag (return residual of blood product and tubing clamped to Blood Bank)

Note: For patients receiving least incompatible blood, prescriber will be contacted by the lab and must sign an additional release form before blood product can be released.

Additional Orders

_____

_____

Practitioner's Signature _____ Printed Name_____

Date _____Time_____ (24 hrs)

HHCC-2143 2026/09
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