ADMIT to Infusion Center of EAMC for Blood Product Infusion

Diagnosis: Specify:				
 Labs must be resulted prior to infusion (CB Type/Cross should be done less than 72 hor 		ısion		
Pre-Meds: ☐ Acetaminophen 650mg PO x 1 dose ☐ Diphenhydramine 25mg PO x 1 dose ☐ Diphenhydramine 50mg PO x 1 dose ☐ Other (specify):				
1. Type and cross-match u	units PRBC's			
2. Transfuse units PRBC's				
 Ancillary Treatment/Administrative Procedure ❖ Monitor vital signs prior to start of infusion, at until infused (not to exceed 4 hours). ❖ Monitor vital signs for 30 minutes to 1 hour aft ❖ May use Infusion Center of EAMC Non-Oncol 	initiation, ever		15 minutes, then	ı every hour
Ordering Physician	 Date		Time	
EAST ALABAMA MEDICAL CENTER Infusion Order Set Blood Product Infusion		Patient Ide	ntification	