AUTOMATIC STOP ORDERS

ORAL ANTICOAGULANTS— AFTER 24 HOURS
ALBUMIN— AFTER 24 HOURS
LARGE VOLUME INTRAVENOUS— AFTER 24 HOURS
INJECTABLE ANTICOAGULANTS (SC)— AFTER 5 DAYS
CONTROLLED SUBSTANCES— AFTER 5 DAYS
CORTISONE PRODUCTS— AFTER 5 DAYS

NURSE: PLEASE X IN COLUMN ON LINE, FOR MEDICATIONS REQUIRED FROM PHARMACY
PHYSICIAN MUST ENTER DATE, HOUR, AND SIGN EACH SET OF ORDERS.

Pediatrics/Neonates: Weight (Kg) _____ Gestational Age (Premature Infants Only) _____
Postmenstrual Age (Premature Infants Only) _____

ALLERGIES:

ORDERS FOR BLOOD TRANSFUSION (not to be used for type/screen or type/cross)
(Check appropriate boxes and fill in the blanks)

Physicians: Please complete the following when ordering a transfusion. The transfusion indications
noted below are guidelines for use of blood and blood products and are not a substitute for medical
judgement. Please document any additional indications under "other".

☐ Fresh Frozen Plasma: ☐ SD Plasma:
☐ # Units ☐ # CC ☐ PT/PTT
☐ Replacement of single or multiple coagulation factor deficiency (when concentrate
   preparations not available)
☐ Dilutional coagulopathy 2° massive transfusions (≥ 10 consecutive units)
☐ Treatment of Thrombotic Thrombocytopenic Purpura (TTP) or Hemolytic Uremic Syndrome (HUS)
☐ Reversal of warfarin effect
☐ Deficiency of AT III (when concentrate preparation is not available) Heparin Co-factor II,
   Protein C, Protein S
☐ Other:

☐ Platelets: ☐ # Units ☐ # PLT Count
☐ Platelets ≤ 10,000/mm³
☐ Platelets ≤ 10,000/mm³ with active bleeding
☐ Major surgery with platelets ≤ 20,000/mm³
☐ Platelets ≤ 20,000/mm³ 2° massive transfusions (≥ 10 consecutive units)
☐ Other:

☐ Other blood product:

☐ Irradiated ☐ Leukonduced ☐ Other:

☐ Consent # 2 signed and on chart

Physician's Signature: ____________________________