

AUTHORIZATION IS GRANTED TO DISPENSE AND ADMINISTER AN ALTERNATE DRUG PRODUCT ACCEPTABLE TO THE MEDICAL STAFF'S PHARMACY COMMITTEE UNLESS THE DRUG PRODUCT IS SPECIFICALLY CIRCLED.

Patient Name:	DOB:	Date:
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Diagnosis:

Lab Work:

Standard Pretreatment as follows (unless allergy):

- Diphenhydramine (Benadryl) 25 mg PO or IVP once
- Acetaminophen (Tylenol) 650 mg PO once

Type and Cross, and Give:

_____ Unit(s) of Packed Red Blood Cells

- Leukocyte Reduced
- Irradiated

Transfuse:

_____ Units of Platelets

- Leukocyte Reduced
- Irradiated
- Single Donor (HLA)

Symptom Management (unless allergy):

- Furosemide (Lasix) 20mg IVP once PRN fluid overload
- Meperidine (Demerol) 12.5 mg IVP once, may repeat x 1 PRN rigors

Patient ID Label

The physician's full signature is to follow the order - Abbreviations for names are not acceptable.

Signature Date Time