BLOOD TRANSFUSION

CHECK WITH SISTER/STAFF/NURSE/DOCTOR
1. PATIENT'S NAME
2. UNIT NUMBER
3. BLOOD GROUP
4. LAB. REF. NUMBER

11/12

THEN: CHECK TEMPERATURE, PULSE, B.P. at 15 min. intervals after putting up blood – REPORT IMMEDIATELY ANY CHANGE

N.B. Patients receiving intravenous therapy only for periods of longer than 48 hours require potassium replacement as well as sodium replacement if there is any sizeable loss of intestinal contents even if oliguric. They may be oliguric because of potassium deficiency. If in doubt ask for expert advice.

N.B. It is dangerous to correct "acidosis" on the basis of the "base deficit" on the Astrup estimation without knowledge of the plasma Na value. It is permissible for the expert to do this in emergency situations such as cardiac arrest.

10 ml / kg. 22 kg.

PARTICULARS OF INTRAVENOUS FLUIDS TO BE TAKEN

Bottle	Amount	Type of Fluid	To be added to bottle	Time to be commenced	Time completed	Prescribers Signature	Nurses Signatures
	220 220	[illegible]	—	1/2			110 mls at 11²⁰ 110 mls at 11⁴⁰
	1L	N. saline	20 mmol KCl	8hrs		CE	
	1L	5% dextrose	20 mmol KCl	8hrs		CE	
	1L	N. saline		8hrs		CE	
	~~100 ml~~ 250 ml	N. Saline		4hr		CE	
	~~250~~ 80 ml	N. saline		6hr		CE	
	~~250~~ 80 ml	N. saline		8hr		CE	

UTV

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