



0400002

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

OUTPATIENT POST TRANSFUSION INSTRUCTIONS

You have received a transfusion of:

- Packed red blood cells
- Platelets
- Plasma
- Cryoprecipitate

Call your health care provider _____ at _____
if you notice any of the following signs and symptoms within 24 hours of your transfusion:

- | | |
|----------|----------------------|
| Fever | Shortness of breath |
| Chills | Lightheadedness |
| Headache | Hives and/or Itching |
| Nausea | Chest pain |
| Vomiting | Back pain |
| Diarrhea | Dark or red urine |

If you are unable to reach your health care provider, you should go to the nearest Emergency Department right away.

My post-transfusion instructions have been explained to me. I understand the above information.

A copy has been given to me. _____
PATIENT/RESPONSIBLE ADULT SIGNATURE

Reviewed by: _____

Title/PIC _____ Date/Time: _____

If Translated: INTERPRETER ATTESTATION (when applicable)
 Translation has been provided by: _____ Date/Time _____
SIGNATURE OF INTERPRETER/CYRACOM ID#

Recibi una copia traducida de este documento. Patient Initials _____
 (I received a translated copy of this document) Form # _____

INSTRUCCIONES POSTERIORES A UNA TRANSFUSIÓN PARA PACIENTES AMBULATORIOS

Ha recibido una transfusión de:

- Paquete de Glóbulos Rojos
- Plaquetas
- Plasma
- Crioprecipitación

Llame a su proveedor de servicios de la salud _____ al _____ si nota usted cualquiera de los siguientes signos y síntomas dentro de las primeras 24 horas de su transfusión.

Fiebre	Dificultad para respirar
Escalofríos	Ligereza de Cabeza/Mareado
Dolor de Cabeza	Ronchas y/o Comezón
Náusea	Dolor en el Pecho
Vomito	Dolor de espalda
Diarrea	Orina Oscura o roja

Si no pudiera localizar a su proveedor de salud, debe usted de ir al la Sala de Emergencias mas cercana de Inmediato.