

# THERAPEUTIC APHERESIS ORDER

All procedures are performed per Oneblood protocol.

*Orders that are selected will be implemented; additions, deletions, or modifications of orders must be individually initialed*

* Indicates medications to be administered by hospital staff nurse	
<b>Procedure Requested</b>	<input type="checkbox"/> Therapeutic Plasma Exchange <input type="checkbox"/> White Blood Cell Depletion (Leukapheresis) <input type="checkbox"/> Red Blood Cell Exchange/ Depletion <input type="checkbox"/> Platelet Depletion
<b>Frequency</b>	<input type="checkbox"/> Daily procedures to begin on _____ x _____ Days <input type="checkbox"/> Daily procedures to begin on _____ until WBC/ PLT Count < _____ <input type="checkbox"/> One time procedure on _____ <input type="checkbox"/> Every other day procedures to begin on _____ x _____ procedures <input type="checkbox"/> Other _____
<b>Labs</b>	<input type="checkbox"/> ADAMTS13 prior to initial treatment ( <i>TTP</i> ) <input type="checkbox"/> Daily CBC/ LDH ( <i>TTP</i> ) <input type="checkbox"/> CBC prior to treatment
<b>Replacement Fluids/ Volumes</b>	<input type="checkbox"/> _____ mL 5% Albumin** ( <i>Discontinue ACE-I /ARB 24 hours prior to 1<sup>st</sup> procedure, hold until completion</i> ) <input type="checkbox"/> _____ mL Plasma (FFP or PF24) <input type="checkbox"/> _____ mL Cryo-Poor Plasma (CPP) <input type="checkbox"/> _____ Units Hemoglobin-S Negative, Leukocyte-reduced RBCs <input type="checkbox"/> _____ % End HCT <input type="checkbox"/> < _____ % Fraction Cells Remaining (FCR) – ( <i>RBCX only</i> ) <input type="checkbox"/> _____ Unit for RBC Prime <input type="checkbox"/> Other _____
<b>Pre-Procedure Medications</b>	<input type="checkbox"/> Methylprednisolone (Solu-Medrol) 125 mg slow IVP* x 1 <input type="checkbox"/> Famotidine (Pepcid) 20 mg slow IVP* x 1 <input type="checkbox"/> Diphenhydramine (Benadryl) 25 mg slow IVP* x 1
<b>During Procedure Medications</b>	<input type="checkbox"/> Diphenhydramine (Benadryl) 25 mg IVP* x 1, repeat PRN x 2 every 15 minutes for allergic reaction <input type="checkbox"/> Calcium Gluconate _____ grams in _____ mL Normal Saline x 1, IV for prevention of citrate toxicity <input type="checkbox"/> Calcium Carbonate 1500mg, PO and repeat PRN x 1 every 15 minutes for prevention of citrate toxicity <input type="checkbox"/> Normal Saline (1,000 mL) x 1 bag for priming apheresis equipment circuit <input type="checkbox"/> Anticoagulant Citrate Dextrose Solution (ACD) Formula A (1,000 mL) x 1 bag infused to circuit to prevent coagulation within the circuit <input type="checkbox"/> Other _____
<b>Post Procedure Medications</b>	<input type="checkbox"/> Normal Saline flush (10mL) x 4 – flush each lumen of catheter/ port with 10 mL <input type="checkbox"/> Heparin 5,000 units/ mL x 2 – pack each lumen of catheter/ port with 1 mL <input type="checkbox"/> Heparin 1,000 units/ mL x 2 - pack each lumen of catheter/ port with 1 mL <i>As needed, dilute heparin with 0.9 % normal saline to equal the priming volume of each lumen</i> <input type="checkbox"/> Other _____

*If required, administer 15 to 20 minutes prior to each procedure\**

<b>Date/ Time:</b>	<b>Physician Print:</b>	<b>Physician Sign:</b>
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<input type="checkbox"/> Computerized Physician Order Entry (CPOE) verified _____ / _____	<input type="checkbox"/> CPOE attached
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**Diagnosis:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Room #:** \_\_\_\_\_

