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

| Procedure Requested | Frequency | Labs | Replacement Fluids/ Volumes | Pre-Procedure Medications | During Procedure Medications | Post Procedure Medications | Date/ Time: | Physician Print: | Physician Sign: |
|---------------------|-----------|------|-----------------------------|---------------------------|-----------------------------|----------------------------|------------|----------------|----------------|}
| Therapeutic Plasma Exchange | Daily procedures to begin on ___________ x ______ Days | ADAMTS13 prior to initial treatment (TTP) | __________ mL 5% Albumin** (Discontinue ACE-I /ARB 24 hours prior to 1st procedure, hold until completion) | Methylprednisolone (Solu-Medrol) 125 mg slow IVP* x 1 | Diphenhydramine (Benadryl) 25 mg IVP* x 1, repeat PRN x 2 every 15 minutes for allergic reaction | Normal Saline flush (10mL) x 4 – flush each lumen of catheter/ port with 10 mL | | | }
| Red Blood Cell Exchange/ Depletion | Daily procedures to begin on ___________ until WBC/ PLT Count < __________ | Daily CBC/ LDH (TTP) | __________ mL Plasma (FFP or PF24) | Famotidine (Pepcid) 20 mg slow IVP* x 1 | Calcium Gluconate _______ grams in ________ mL Normal Saline x 1, IV for prevention of citrate toxicity | Heparin 5,000 units/ mL x 2 – pack each lumen of catheter/ port with 1 mL | | | }
| White Blood Cell Depletion (Leukapheresis) | One time procedure on __________ | CBC prior to treatment | __________ mL Cryo-Poor Plasma (CPP) | Diphenhydramine (Benadryl) 25 mg slow IVP* x 1 | Calcium Carbonate 1500mg, PO and repeat PRN x 1 every 15 minutes for prevention of citrate toxicity | Heparin 1,000 units/ mL x 2 - pack each lumen of catheter/ port with 1 mL | If required, administer 15 to 20 minutes prior to each procedure* | | | }
| Platelet Depletion | Every other day procedures to begin on __________ x ______ procedures | | | | Normal Saline (1,000 mL) x 1 bag for priming apheresis equipment circuit | As needed, dilute heparin with 0.9 % normal saline to equal the priming volume of each lumen | | | | |}

Date/ Time: ___________________/_______________

Physician Print: ____________________________

Physician Sign: _____________________________

☐ Computerized Physician Order Entry (CPOE) verified __________________/_______________

☐ CPOE attached

Diagnosis: _____________________________

Location: _____________________________ Room #: _____________________________