

Date / Time	Therapeutic Apheresis Procedure Orders <i>page 1 of 1</i>	
	(All orders with a <input type="checkbox"/> must be checked to be activated)	
1. <b>Diagnosis:</b>	<input type="checkbox"/> Height	<input type="checkbox"/> Weight
2. <b>Date of Procedure:</b>		
3. <b>Type of Apheresis:</b>	<input type="checkbox"/> Plasma Exchange <input type="checkbox"/> Photopheresis <input type="checkbox"/> Red Cell Exchange <input type="checkbox"/> Cellular Depletion <input type="checkbox"/> Therapeutic Phlebotomy	
4. <input type="checkbox"/> Telemetry (blood component, known CV risk factors)		
5. <b>Type of Anticoagulation:</b>	<input type="checkbox"/> ACD-A <input type="checkbox"/> Heparin <input type="checkbox"/> Other	
6. <b>Plasma Ratio to be exchanged:</b>	<input type="checkbox"/> None <input type="checkbox"/> 1X <input type="checkbox"/> 1.3X <input type="checkbox"/> 1.5X <input type="checkbox"/> 1.8X <input type="checkbox"/> 2X	
7. <b>Vol to be exchanged:</b>	_____ L.	
8. <b>Fluid balance:</b>	_____ %	
9. <b>Blood Prime</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. <b>Replacement Fluids:</b>	<input type="checkbox"/> None <input type="checkbox"/> Normal Saline _____ mL <input type="checkbox"/> Albumin 5% _____ mL <input type="checkbox"/> FFP <input type="checkbox"/> Cryopoor Plasma <input type="checkbox"/> PRBC Amount _____ mL   beginning Hct _____ %   end Hct _____ % Initial HbS _____ %   Target HbS _____ % <input type="checkbox"/> Double RBC Volume Exchange	
11. <b>Lab Specimens:</b>	<b>AM Labs (0400 lab draw):</b> <input type="checkbox"/> CBC <input type="checkbox"/> Retic count <input type="checkbox"/> BMP <input type="checkbox"/> PT / PTT <input type="checkbox"/> Fibrinogen <input type="checkbox"/> LDH <input type="checkbox"/> Hb electrophoresis <input type="checkbox"/> Ionized Ca <sup>++</sup> (If ionized Ca <sup>++</sup> is less than 1.1, give 2 g calcium gluconate) <input type="checkbox"/> Other ( <i>list</i> ): _____ <b>Post Treatment:</b> <input type="checkbox"/> Hb electrophoresis 1hr after completion of procedure <input type="checkbox"/> Ionized Ca <sup>++</sup> 1hr after completion of procedure <input type="checkbox"/> Other ( <i>list</i> ): _____	
12. <b>Medications: *Call MD prior to administering</b>	<input type="checkbox"/> acetaminophen (TYLENOL) 650 mg PO / PR PRN per pheresis protocol <input type="checkbox"/> calcium gluconate 2 - 6 g IV PRN per pheresis protocol [have available for pheresis RN to administer] <input type="checkbox"/> diphenhydramine (BENADRYL) 25 - 50 mg PO / IV PRN per pheresis protocol (have available for pheresis RN to administer) * <input type="checkbox"/> lorazepam (ATIVAN) 0.5 - 1 mg PO / IV PRN anxiety * <input type="checkbox"/> methylprednisolone (SOLUMEDROL) 125 mg IV (have vial available for emergency use) * <input type="checkbox"/> oxygen 2 - 4 L per NC for O <sub>2</sub> saturation less than 90% (have available at bedside prior to treatment) <input type="checkbox"/> Other: _____	
<b>MD Signature</b> _____	<b>MD #</b> _____	



RX0001

Patient Name:

Patient Identification #: