

<p>UMC Health System</p> <p>APHERESIS PLASMA EXCHANGE PLAN</p>	<p>Patient Label Here</p>
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

This plan is defaulted to 5 days. A longer/shorter duration will require modifying all medication and lab orders or replacing the plan as needed. This plan should be discontinued when apheresis is no longer required.

Physician: Please call Apheresis Team to notify them of needed Apheresis at 806-775-8365.

Apheresis is routinely done Monday through Friday 7am to 3 pm.

Physician: Please obtain consent for apheresis procedure. Click on link to print consent.

Aph Plasma Exchange

q24h, for 5 days q48h, for 5 days

Vascular Access

2-Port Rigid Dialysis Type Catheter (Quinton, Tessio)

Other

Consult MD

Service: MICU Team, Reason: vascular access port Service: SICU Team, Reason: vascular access port

Service: Surgery Cardiovascular, Reason: vascular access port

Communication

Notify Provider (Misc)

T;N, Notify Apheresis - ordering physician's service, Reason: If Hematocrit is less than 24% and/or Hemoglobin is less than 8g/dL.

Notify Provider (Misc)

T;N, Notify Apheresis - ordering physician's service, Reason: If platelet count is less than 50,000 K/uL. (Do not call physician if patient is being treated for TTP)

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

calcium gluconate

2 g, IVPB, ivpb, Daily, PRN numbness/tingling, x 5 days, Infuse over 60 min
FOR APHERESIS ONLY. Give calcium gluconate 2 g IVPB and place order for calcium level if patient experiences numbness/tingling.

promethazine

12.5 mg, PO, tab, Daily, PRN nausea, x 5 days
FOR APHERESIS ONLY

ondansetron

4 mg, IVPush, soln, q4h, PRN nausea
FOR APHERESIS ONLY

diphenhydrAMINE

25 mg, PO, cap, Daily, PRN allergy symptoms, x 5 days
FOR APHERESIS ONLY. If patient has infusion related reaction, give both diphenhydrAMINE and methylPREDNISolone if ordered.

25 mg, IVPush, inj, Daily, PRN allergy symptoms, x 5 days
FOR APHERESIS ONLY. If patient has infusion related reaction, give both diphenhydrAMINE and methylPREDNISolone if ordered.

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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	methylPREDNISolone (methylPREDNISolone sodium succinate (SOLU-Medrol)) <input type="checkbox"/> 125 mg, IVPush, inj, Daily, PRN allergy symptoms, x 5 days FOR APHERESIS ONLY. If patient has infusion related reaction, give both diphenhydrAMINE and methylPREDNISolone if ordered.
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	alteplase <input type="checkbox"/> 1 mg, IVPush, syringe, Daily, PRN line patency, x 5 days FOR APHERESIS ONLY.
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Replacement Fluids

	<p>For large volume plasma exchange of greater than 20 mL/kg in one session or repeated sessions, replace volume of plasma removed with infusion of the same volume of 5% albumin.</p> <p>**IF FFP and albumin are BOTH needed, please select ALL three orders below. The ratio of FFP to albumin will be indicated on the Apheresis Replacement Fluids FFP% order below**</p> <p>If albumin is needed, select BOTH orders</p> <p>albumin human (albumin human 5% for apheresis) <input type="checkbox"/> 5 L, IVPB, ivpb, ONE TIME, Infuse over 0 hr, Plasmapheresis FOR APHERESIS ONLY. Lab to notify pharmacy when albumin is needed for today's dose.</p> <input type="checkbox"/> 7 L, IVPB, ivpb, ONE TIME, Infuse over 0 hr, Plasmapheresis FOR APHERESIS ONLY. Lab to notify pharmacy when albumin is needed for today's dose.
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	<p>albumin human (albumin human 5% for apheresis) <input type="checkbox"/> 5 L, IVPB, ivpb, q24h, x 4 days, Infuse over 0 hr, Plasmapheresis FOR APHERESIS ONLY.</p> <p><input type="checkbox"/> Pharmacy to have prepped for delivery by 0300 on apheresis days. <input type="checkbox"/> 7 L, IVPB, ivpb, q24h, x 4 days, Infuse over 0 hr, Plasmapheresis FOR APHERESIS ONLY.</p> <p><input type="checkbox"/> Pharmacy to have prepped for delivery by 0300 on apheresis days.</p>
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	<p>Apheresis Replacement Fluids</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> 100% FFP</td> <td><input type="checkbox"/> 100% FFP (TTP)</td> </tr> <tr> <td><input type="checkbox"/> 75% FFP</td> <td><input type="checkbox"/> 50% FFP</td> </tr> <tr> <td><input type="checkbox"/> 25% FFP</td> <td><input type="checkbox"/> Custom FFP %</td> </tr> </table>	<input type="checkbox"/> 100% FFP	<input type="checkbox"/> 100% FFP (TTP)	<input type="checkbox"/> 75% FFP	<input type="checkbox"/> 50% FFP	<input type="checkbox"/> 25% FFP	<input type="checkbox"/> Custom FFP %
<input type="checkbox"/> 100% FFP	<input type="checkbox"/> 100% FFP (TTP)						
<input type="checkbox"/> 75% FFP	<input type="checkbox"/> 50% FFP						
<input type="checkbox"/> 25% FFP	<input type="checkbox"/> Custom FFP %						

	<p>If NS is needed, select BOTH orders</p> <p>NS (NS bolus) <input type="checkbox"/> 5,000 mL, IVPB, iv soln, ONE TIME FOR APHERESIS ONLY.</p>
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	<p>NS (NS bolus)</p>
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	<input type="checkbox"/> 5,000 mL, IVPB, iv soln, q24h, x 4 days FOR APHERESIS ONLY. Pharmacy to have prepped for delivery by 0300 on apheresis days.
Laboratory	
	STAT labs for 1st procedure: Comprehensive Metabolic Panel (CMP) <input type="checkbox"/> STAT, T;N
	CBC <input type="checkbox"/> STAT, T;N
	Magnesium Level <input type="checkbox"/> STAT, T;N
	Prothrombin Time with INR (PT with INR) <input type="checkbox"/> STAT, T;N
	PTT <input type="checkbox"/> STAT, T;N
	Fibrinogen Level <input type="checkbox"/> STAT, T;N
	LDH <input type="checkbox"/> STAT, T;N, Comment: For TTP patients only
	Timed labs for subsequent procedures: Comprehensive Metabolic Panel (CMP) <input type="checkbox"/> Timed, T+1;0030, q24h for 4 days
	CBC <input type="checkbox"/> Timed, T+1;0030, q24h for 4 days
	Magnesium Level <input type="checkbox"/> Timed, T+1;0030, q24h for 4 days
	Prothrombin Time with INR (PT with INR) <input type="checkbox"/> Timed, T+1;0030, q24h for 4 days
	PTT <input type="checkbox"/> Timed, T+1;0030, q24h for 4 days
	Fibrinogen Level <input type="checkbox"/> Timed, T+1;0030, q24h for 4 days
	LDH <input type="checkbox"/> Timed, T+1;0030, q24h for 4 days, Comment: For TTP patients only

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