

UMC Health System APHERESIS PLATELET DEPLETION PLAN	Patient Label Here
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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 4 days. A longer/shorter duration will require modifying all medication and timed 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 Platelet Depletion
 for 4, days, Apheresis Indication: Elevated Platelet Count

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.

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 4 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 4 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 4 days
 FOR APHERESIS ONLY. If patient has infusion related reaction, give both diphenhydrAMINE and methylPREDNISolone if ordered.

methylPREDNISolone (methylPREDNISolone sodium succinate (SOLU-Medrol))
 125 mg, IVPush, inj, Daily, PRN allergy symptoms, x 4 days
 FOR APHERESIS ONLY. If patient has infusion related reaction, give both diphenhydrAMINE and methylPREDNISolone if ordered.

TO Read Back Scanned Powerchart Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____



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ORDER	ORDER DETAILS
	alteplase <input type="checkbox"/> 1 mg, IVPush, syringe, Daily, PRN line patency, x 4 days FOR APHERESIS ONLY.
Replacement Fluids	
	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. If albumin is needed, select BOTH orders 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. <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.
	albumin human (albumin human 5% for apheresis) <input type="checkbox"/> 5 L, IVPB, ivpb, q24h, x 3 days, Infuse over 0 hr, Plasmapheresis FOR APHERESIS ONLY. <input type="checkbox"/> 7 L, IVPB, ivpb, q24h, x 3 days, Infuse over 0 hr, Plasmapheresis FOR APHERESIS ONLY. Pharmacy to have prepped for delivery by 0300 on apheresis days.
	Apheresis Replacement Fluids
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
	Viscosity Serum <input type="checkbox"/> STAT, T;N
	Fibrinogen Level <input type="checkbox"/> STAT, T;N

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ORDER	ORDER DETAILS
	Timed labs for subsequent procedures: Comprehensive Metabolic Panel (CMP) <input type="checkbox"/> Timed, T+1;0030, q24h 3 days
	CBC <input type="checkbox"/> Timed, T+1;0030, q24h 3 days
	Magnesium Level <input type="checkbox"/> Timed, T+1;0030, q24h 3 days
	Prothrombin Time with INR (PT with INR) <input type="checkbox"/> Timed, T+1;0030, q24h 3 days
	PTT <input type="checkbox"/> Timed, T+1;0030, q24h 3 days
	Fibrinogen Level <input type="checkbox"/> Timed, T+1;0030, q24h 3 days

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Physician Signature: _____ Date _____ Time _____

