

<b>UMC Health System</b>  <b>APHERESIS RBC EXCHANGE PLAN</b>	<b>Patient Label Here</b>
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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 1 day. A longer 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 RBC Exchange**  
 for 1 days, Apheresis Indication: Sickle Cell Crisis, %FCR Target Goal: 30

**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 1 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 1 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 1 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 \_\_\_\_\_



