

UMC Health System APHERESIS WBC 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 2 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 WBC Depletion
 q24h, for 2 days, Apheresis Indication: Leukocytosis, Target WBC Less Than: 100

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 2 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 2 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 2 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 _____

