UMC Health System APHERESIS WBC DEPLETION PLAN		Patient Label Here				
	PHYSICIA					
Diagnos						
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 t	o print consent.				
	Aph WBC Depletion					
	d q24h, for 2 days, Apheresis Indication: Leukocytosis, Target WBC Less Than: 100					
	Vascular Access					
	└── 2-Port Rigid ◯ Other	Dialysis Type Catheter (C	Quinton, Tessio)			
	Consult MD					
	Service: SICU 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 tot	al 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.         FOR APHERESIS ONLY. If patient has infusion related reaction, give both diphenhydrAMINE and methylPREDNISolone if ordered.					
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Order Take	n by Signature:	Date	Time			
Physician	Signature:	Date	Time			

Apheresis WBC Depletion Plan



UMC	Health	System
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## APHERESIS WBC DEPLETION PLAN

Patient Label Here

	PHYSICIAN ORDERS						
	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	R ORDER DETAILS						
	methyIPREDNISolone (methyIPREDNISolone sodium succinate (SOLU-Medrol)) 125 mg, IVPush, inj, Daily, PRN allergy symptoms, x 2 days FOR APHERESIS ONLY. If patient has infusion related reaction, give both diphenhydrAMINE and methyIPREDNISolone if ordered.						
	alteplase ☐ 1 mg, IVPush, syringe, Daily, PRN line patency, x 2 days FOR APHERESIS ONLY.						
	Replacement Fluids						
	For large volume plasma exchange of greater than 20 mL/kg in one session or r removed with infusion of the same volume of 5% albumin.	repeated sessions, replace volume of plasma					
	If albumin is needed, select BOTH orders						
	<ul> <li>albumin human (albumin human 5% for apheresis)</li> <li>5 L, IVPB, ivpb, ONE TIME, Infuse over 0 hr, Plasmapheresis FOR APHERESIS ONLY.</li> <li>Lab to notify pharmacy when albumin is needed for today's dose.</li> <li>7 L, IVPB, ivpb, ONE TIME, Infuse over 0 hr, Plasmapheresis FOR APHERESIS ONLY.</li> <li>Lab to notify pharmacy when albumin is needed for today's dose.</li> </ul>						
	albumin human (albumin human 5% for apheresis) 5 L, IVPB, ivpb, q24h, x 1 days, Infuse over 0 hr, Plasmapheresis FOR APHERESIS ONLY.						
	Pharmacy to have prepped for delivery by 0300 on apheresis days. 7 L, IVPB, ivpb, q24h, x 1 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)						
	CBC						
	Magnesium Level						
	Prothrombin Time with INR (PT with INR)						
	PTT STAT, T;N						
	Viscosity Serum STAT, T;N						
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Order Taken by Signature:		Date Time					
Physician Signature:		Date Time					



UMC Health System		Pat	ient Label Here		
A	PHERESIS WBC DEPLETION PLAN				
		N ORDERS			
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order	r detail box(es) where applicable.		
ORDER					
	Fibrinogen Level				
	Timed labs for subsequent procedures:				
	Comprehensive Metabolic Panel (CMP) Timed, T+1;0030, q24h 1 days				
	<b>CBC</b> ☐ Timed, T+1;0030, q24h 1 days				
	Magnesium Level ☐ Timed, T+1;0030, q24h 1 days				
	Prothrombin Time with INR (PT with INR) Timed, T+1;0030, q24h 1 days				
	<b>PTT</b> □ Timed, T+1;0030, q24h 1 days				
	Fibrinogen Level ☐ Timed, T+1;0030, q24h 1 days				
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Order Taken by Signature:		Date	Time		
Physician Signature:		Date	Time		

