



Affix Patient Label

### Apheresis Treatment Orders

Fax order to Bronson HDU at (269) 341-6265. Once the order has been received and transcribed, a representative will be in contact with the patient to schedule treatment.

#### Patient / Office Information:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Date/Time: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_ Referring Provider Name: \_\_\_\_\_

Referring Office: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Is the procedure URGENT? ☐ Yes ☐ No If yes, why? \_\_\_\_\_

#### Primary Diagnosis:

- |  |  |
|--|--|
| <input type="checkbox"/> Treatment for cancer or Sickle Cell Anemia or congenital blood disorder (D57.1) |  |
| <input type="checkbox"/> Hgb less than 7, and symptomatic (R73.09)                                       | <input type="checkbox"/> Thrombotic thrombocytopenic purpura (TTP) (M31.1) |
| <input type="checkbox"/> Goodpasture syndrome (M31.0)  | <input type="checkbox"/> Hypertriglyceridemia (E78.1)                      |
| <input type="checkbox"/> Wegener's granulomatosis (M31.30)   | <input type="checkbox"/> Nephropathy (N28.9)                               |
| <input type="checkbox"/> Vasculitis (I77.6)  | <input type="checkbox"/> Other, describe: _____                            |

#### Treatment Orders:

##### 1. Outpatient Treatment

- ☒ Apheresis Appointment Request

##### 2. Pre-Treatment Labs: ☐ STAT (results in 2 hours) ☐ ASAP (4-6 hours) ☐ Routine (next day)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Type and Screen          | <input checked="" type="checkbox"/> CBC  |
| <input type="checkbox"/> Comprehensive Metabolic Panel (CMP) | <input type="checkbox"/> DIC (APTT, Protime, Fibrinogen, D-Dimer, Schistocyte, Platelet) |
| <input type="checkbox"/> Hemoglobin Electrophoresis          | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Magnesium                           |  |

##### 3. Apheresis Line Care and Nursing Orders

- ☒ Access venous site for apheresis/line care per policy. If venous access unavailable insert peripheral IV.
- ☒ Deaccess central venous catheter or peripheral IV
- ☒ Adult peripheral and central line flush protocol (NIT)
- ☒ Nursing Communication
- ☒ Notify provider if apheresis procedure is unable to be completed
- ☒ Discharge patient once apheresis has been completed and patient's vital signs have returned to baseline with resolution of symptoms due to apheresis treatment.

##### 4. Frequency of Procedure

- ☐ One time ☐ Daily x \_\_\_\_\_ ☐ Every other day x \_\_\_\_\_ ☐ Other: \_\_\_\_\_

## 5. Apheresis Treatment Orders

### ☐ Therapeutic Plasma Exchange:

**Patient's Total Blood Volume:** ☐ Use machine calculation per policy (excludes pregnancy) ☐ \_\_\_\_\_ mL TBV calculated by provider

**Replacement Fluid Type<sup>1</sup>:** ☐ FFP ☐ 5% Albumin

**Fluid Balance (%):** ☐ 100% ☐ Other \_\_\_\_\_%

**Replacement Volume:** ☐ \_\_\_\_\_ mL ☐ 1 Plasma Exchange ☐ 1.5 Plasma Exchange

**Custom Prime:** ☐ Yes: if ECV is greater than 10% TBV ☐ No

**Custom Prime Fluid<sup>2</sup>:** ☐ Use custom prime fluid; volume calculated by machine ☐ Albumin for prime fluid; volume calculated by machine ☐ PRBC for prime fluid; volume calculated by machine

<sup>1</sup> Notify blood bank of replacement volume in milliliters (mL) needed based on the calculated volume from the machine or ordered volume in milliliters (mL) after patient data has been entered. Blood bank calculates number of units. Nursing to place prepare FFP and transfuse FFP in number of units calculated by blood bank.

<sup>2</sup> If custom prime ordered, nursing to place order for prime fluid as indicated in provider order and volume as calculated by machine.

### ☐ Red Blood Cell Exchange<sup>3</sup>:

**Patient's Total Blood Volume:** ☐ Use machine calculation per policy (excludes pregnancy) ☐ \_\_\_\_\_ mL TBV calculated by provider

**Exchange Type:** ☐ Exchange ☐ Depletion / Exchange ☐ Depletion

**Depletion Replacement Fluid:** ☐ 0.9% NS ☐ 5% Albumin ☐ FFP

**Depletion Minimum HCT%:** ☐ \_\_\_\_\_ %

**Target Value:** ☐ Replacement volume \_\_\_\_\_ mL<sup>4</sup> ☐ FCR%

**Fluid Balance (%):** ☐ 100% ☐ Other \_\_\_\_\_%

**Target HCT (20-60%):** ☐ \_\_\_\_\_ %

**Custom Prime:** ☐ Yes: if ECV is greater than 10% TBV ☐ No

**Custom Prime Fluid<sup>3</sup>:** ☐ Use custom prime fluid; volume calculated by machine ☐ Albumin for prime fluid; volume calculated by machine ☐ PRBC for prime fluid; volume calculated by machine

<sup>3</sup> Nursing to place prepare and transfuse RBC order based on the calculated volume from the machine or ordered volume in milliliters (mL) after patient data has been entered. If custom prime ordered, nursing to place order for prime fluid as indicated in provider order and volume as calculated by machine.

<sup>4</sup> Replacement volume in mL (divided by)/300 mL (average volume of PRBC) = number of units of PRBC needed.

**6. Medication Orders:**

- ☐ Acetaminophen 650 mg PO ☐ May repeat x every 4 hours, PRN  
☐ Diphenhydramine 25 mg ☐ PO ☐ IV Push ☐ May repeat x every 4 hours, PRN  
☐ hydrocortisone 100 mg IV Push ☐ May repeat x every 4 hours, PRN  
☐ Alteplase 1mg per each lumen prn, for clearance of central line or dialysis catheter.  
☐ Other: \_\_\_\_\_  
☒ Sodium chloride 0.9% Bolus 250mL over 15 minutes, PRN for hypotension SBP of less than 90.  
☒ Calcium Gluconate in NaCl 2grams in 100 ml NS to be infused via IV pump over length of procedure  
☒ Anticoagulant Citrate Dextrose (ACD-A) 800mg/100mL intravenous solution 750mL, 0.4-1.2mL per minute per TBV. Nursing to adjust ACDA within range per patient symptoms. If ACDA rate is greater than 1.2mL obtain updated order

- 7. Post-Treatment Labs:** ☐ STAT (results in 2 hours) ☐ ASAP (4-6 hours) ☐ Routine (next day)  
☐ Comprehensive Metabolic Panel (CMP) ☐ DIC (APTT, Protime, Fibrinogen, D-Dimer, Schistocyte, Platelet)  
☐ Hemoglobin Electrophoresis ☐ Other: \_\_\_\_\_  
☐ Magnesium

**8. Other Orders / Comments:**

Ordering Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

☐ Fax to Bronson HDU: (269) 341-6265