



Affix Patient Label

Pediatric Apheresis Treatment Order

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:

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

Treatment Orders:

1. Outpatient Treatment

- Clinic with Infusion Appointment

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

- Type and Screen CBC
- Comprehensive Metabolic Panel (CMP) DIC (APTT, Protime, Fibrinogen, D-Dimer, Schistocyte, Platelet)
- Hemoglobin Electrophoresis Calcium, Ionized
- Magnesium Other: _____

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
- Pediatric 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:** _____ mL TBV calculated by provider
- Replacement Fluid Type¹:** 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 Fluid²:** Use custom prime fluid; volume calculated by machine Albumin for prime fluid; volume calculated by machine PRBC for prime fluid; volume calculated by machine

¹ 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.

² 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 Exchange³:

- Patient's Total Blood Volume:** _____ 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 _____ mL⁴ FCR%
- Fluid Balance (%):** 100% Other _____%
- Target HCT (20-60%):** _____ %
- Custom Prime:** Yes: if ECV is greater than 10% TBV No
- Custom Prime Fluid³:** Use custom prime fluid; volume calculated by machine Albumin for prime fluid; volume calculated by machine PRBC for prime fluid; volume calculated by machine

³ 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.

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

6. Medication Orders:

- Acetaminophen _____ mg PO May repeat x every 4 hours, PRN
- Diphenhydramine _____ mg PO IV Push May repeat x every 4 hours, PRN
- methylPREDNISolone _____ mg IV Push May repeat x every 4 hours, PRN
- Alteplase 1mg per each lumen prn, for clearance of central line or dialysis catheter.
- J-Tip needle with lidocaine 1% for use with IV access.
- Other: _____
- Sodium chloride 0.9% Bolus 20mL/kg over 15 minutes, PRN for hypotension SBP of less than 90.
- Calcium Gluconate in NaCl 100mg/kg in 100 ml NS to be infused via IV pump over length of procedure not to exceed 2 grams.
- Anticoagulant Citrate Dextrose (ACD-A) 800mg/100mL intravenous solution 750mL, 0.4-1.2mL per minute per TBV. Nursing to adjust ACD-A within range per patient symptoms. If ACD-A 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: _____

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