
Patient Name

Ordering Physician

Patient Date of Birth

HEMAPHERESIS ORDERS

Ordering Physician's Phone Number

Inpatient Outpatient Location: _____
(Floor or Room)

1. Diagnosis: _____
2. Current Height: _____ Current Weight: _____
3. Fax: History and Physical; current laboratory values, current medication list to 509-232-4523
4. Hold all ACE INHIBITORS FOR 48 HOURS PRIOR to Hemapheresis procedures
5. Daily weights each day of Hemapheresis procedure
6. Routine Hemodialysis Catheter Care (to be performed by hospital nursing staff)
7. Use Do NOT Use Central Line Catheter (blue port) for other than hemapheresis or hemodialysis
8. Procedure Type: Plasmapheresis Leukocytapheresis Plateletpheresis Erythrocytapheresis Photopheresis
 Autologous Human Progenitor Cell Collection Therapeutic Phlebotomy

Start date: _____ Daily X _____ Then: _____

Replacement Fluid: 5% Albumin FFP Size of Exchange: _____ (Plasma Volume)

5% Albumin: Have _____ mLs at bedside prior to procedure; administer _____ mL to _____ mLs during procedure.

Frozen Plasma: Have _____ mLs on hold for procedure; administer _____ mL to _____ mLs during procedure.

NOTIFY HOSPITAL BLOOD BANK – DO NOT THAW FFP UNTIL CALLED BY HEMAPHERESIS NURSE

9. Medications:
 - Calcium Gluconate: (10%) 6 grams at bedside each day of procedure. Do not dilute.
 - *Adult Procedure:* Administer Calcium Gluconate (10%): _____ mL to _____ mLs per each liter of replacement fluid.
 - *Pediatric Procedure:* Administer Calcium Gluconate (10%) at a rate of _____ mLs/hour or per ordering physician's order.
 - Normal saline: 1 - 1000 mLs, 1 - 250 mLs bags each day of procedure
 - Diphenhydramine (Benadryl): 25 mg PO/IV for anxiety or allergic reaction. May repeat x1
 - Acetaminophen (Tylenol): 650 mg PO for discomfort as needed
 - Pack double lumen central line with 1000:1 Heparin per catheter volume
 - Pack double lumen central line with Sodium Citrate per catheter volume
 - Pack indwelling port with 5 mLs 100:1 Heparin
 - Other _____

10. Laboratory:
 - Type & Screen: Prior to first procedure (if not already done)
 - CBC with platelets every a.m. on treatment days
 - Renal Panel: every a.m. on treatment days
 - Fibrinogen: every a.m. on treatment days
 - PT & PTT: every a.m. on treatment days

11. The ordering physician will be notified by the Apheresis RN prior to each procedure.

12. The procedure has been explained to the patient and verbal consent obtained.

Ordering Physician's Signature: _____ **Date:** _____

INBC Medical Director Review: _____ Date: _____