



attach patient label here

Physician Orders ADULT
Order Set: Leukocytapheresis Admit Plan
Related Order Sets:

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Admission/Transfer/Discharge		
<input type="checkbox"/> Admit Patient T;N to: Dr. _____		
Admit Status: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> Observation		
NOTE to MD: Inpatient - hospital stay for medically necessary services, includes both severity of illness and intensity of service that require acute care and cannot be safely provided in a lower level of care		
Outpatient - short term (usually less than 6 hrs) evaluation, treatment, or service in an outpatient area of the hospital such as emergency room, ambulatory surgery, radiology or other ancillary area		
Observation - short term (usually less than 24 hrs) stay in the hospital for evaluation, treatment, assessment, and reassessment to determine need for progression to inpatient admission vs discharge to outpatient follow-up		
Bed Type: <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: 3 Crews		
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs Per Unit Protocol	T;N, T,P,R, & BP
<input type="checkbox"/>	Vital Signs	T;N, T,P,R, & BP, Orthostatic VS post Leukocytapheresis procedure
Patient Care		
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: <u>Leukocytapheresis</u>
<input type="checkbox"/>	Leukocytapheresis	T;N, Blood Volume: _____
<input type="checkbox"/>	Nursing Communication	T;N, Place order for CBC, once upon completion of Leukocytapheresis procedure
<input type="checkbox"/>	Vas Cath May Use	T;N, May Use For: IV Fluid Admin/IV Med Admin/Blood Draw/Blood Admin, flush per protocol
<input type="checkbox"/>	IV Insert/ Site Care	T;N, Routine, q4day
<input type="checkbox"/>	Instruct/Educate	T;N, Instruct: Patient, Topic: Vas Cath care prior to discharge
Medications		
<input type="checkbox"/>	heparin flush	2,000 units, Injection, Device, N/A, Routine, Comment: instill into each lumen catheter after each exchange procedure or every 48 hours
<input type="checkbox"/>	alteplase	2 mg, Injection, IV, PRN, PRN Cath Clearance, Routine, T;N, (2 dose), Specify number of lumens_____, administer per Thrombolytic for Declotting of Central Venous Access Devices Protocol
<input type="checkbox"/>	calcium gluconate	1 g, Injection, IV Piggyback, once, Routine, T;N, Comment: infuse continuously during procedure
Laboratory		
<input type="checkbox"/>	CBC	Routine, T;N, once, Blood
<input type="checkbox"/>	Calcium Ionized	Routine, T;N, once, Blood

Date **Time** **Physician's Signature** **MD Number**

