



attach patient label here

Physician Orders ADULT

Order Set: Plasma Exchange 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		
<input type="checkbox"/> Notify physician once T;N, of room number on arrival to unit		
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, q30min, T,P,R, & BP, on admission and during plasma exchange procedure
<input type="checkbox"/>	Vital Signs	T;N, T,P,R, & BP, Orthostatic VS post plasma exchange procedure
Patient Care		
<input type="checkbox"/>	Consent Signed For	T;N, Procedure: Plasma Exchange, Special Instructions: Ensure that a current signed consent is available on chart
<input type="checkbox"/>	Apheresis Plasma Exchange	T;N, Exchange Volume: _____
<input type="checkbox"/>	Height	T;N, prior to plasma exchange procedure
<input type="checkbox"/>	Weight	T;N, prior to plasma exchange procedure
<input type="checkbox"/>	Instruct/Educate	T;N, Instruct: Patient, Topic: Vas Cath care prior to discharge
<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"/>	Nursing Communication	T;N, PLASMA EXCHANGE: Fluid Balance: _____ % (100% if euvoletic)
Replacement Fluids		
<input type="checkbox"/>	albumin, human 5%	500mL, Injection, IV Piggyback, once, Routine, T;N, (infuse over 2 hour), replace 100% of volume = 2500mL
<input type="checkbox"/>	albumin, human 5%	500mL, Injection, IV Piggyback, once, Routine, T;N, (infuse over 2 hour), replace 100% of volume = 3000mL
<input type="checkbox"/>	albumin, human 5%	500mL, Injection, IV Piggyback, once, Routine, T;N, (infuse over 2 hour), replace 100% of volume = _____ mL
<input type="checkbox"/>	albumin, human 5%	500mL, Injection, IV Piggyback, once, Routine, T;N, (infuse over 2 hour), replace 50% of volume = 1250mL
<input type="checkbox"/>	albumin, human 5%	500mL, Injection, IV Piggyback, once, Routine, T;N, (infuse over 2 hour), replace 50% of volume = 1500mL
<input type="checkbox"/>	albumin, human 5%	500mL, Injection, IV Piggyback, once, Routine, T;N, (infuse over 2 hour), replace 50% of volume = _____ mL
<input type="checkbox"/>	Nursing Communication	T;N, PLASMA EXCHANGE: Fresh Frozen Plasma- replace _____ % of volume



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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 Dec clotting of Central Venous Access Devices Protocol
<input type="checkbox"/>	calcium gluconate	1 g, Injection, IV Piggyback, once, Routine, T;N, Comment: infuse continuously during exchange procedure
<input type="checkbox"/>	calcium carbonate (Tums)	500mg, Chew tab, PO, q15 min, PRN Hypocalcemia, Routine, (for 2 dose), 2 tabs, For symptomatic hypocalcemia, (i.e. tingling, numbness) offer first
<input type="checkbox"/>	NS Bolus	500mL, IV Piggyback, once, STAT, T;N
Pre Medications		
<input type="checkbox"/>	acetaminophen	650 mg, Tab, PO, N/A, Routine, Comment: Please give 30 min prior to exchange procedure.
<input type="checkbox"/>	diphenhydramine	25 mg, Cap, PO, N/A, Routine, Comment: Please give 30 min prior to exchange procedure.
<input type="checkbox"/>	diphenhydramine	50 mg, Cap, PO, N/A, Routine, Comment: Please give 30 min prior to exchange procedure.
<input type="checkbox"/>	diphenhydramine	25 mg, Injection, IV, N/A, Routine, Comment: Please give 30 min prior to exchange procedure.
<input type="checkbox"/>	diphenhydramine	50 mg, Injection, IV, N/A, Routine, Comment: Please give 30 min prior to exchange procedure.
<input type="checkbox"/>	hydrocortisone (Solu-Cortef)	25 mg, Injection, IV, N/A, Routine, Comment: Please give 30 min prior to exchange procedure.
<input type="checkbox"/>	hydrocortisone (Solu-Cortef)	50 mg, Injection, IV, N/A, Routine, Comment: Please give 30 min prior to exchange procedure.
PRN Medications		
<input type="checkbox"/>	acetaminophen	650 mg, Tab, PO, Once, PRN fever, Routine, T;N
<input type="checkbox"/>	diphenhydramine	25 mg, Injection, IV, Once, PRN itching, Routine, T;N
<input type="checkbox"/>	diphenhydramine	50 mg, Injection, IV, Once, PRN itching, Routine, T;N
<input type="checkbox"/>	diphenhydramine	25 mg, Cap, PO, Once, PRN itching, Routine, T;N
<input type="checkbox"/>	diphenhydramine	50 mg, Cap, PO, Once, PRN itching, Routine, T;N
Laboratory		
<input type="checkbox"/>	CBC	Routine, T;N, once, Blood
<input type="checkbox"/>	Type and Screen	Routine, T;N, once, Blood
<input type="checkbox"/>	Calcium Ionized	Routine, T;N, once, Blood
NOTE: For TTP patient, place order below:		
<input type="checkbox"/>	Von Willebrand Protease/Inhibitor (ADAMTS-13/vWF Protease)	Routine, T;N, once, Blood
<input type="checkbox"/>	LDH	Routine, T;N, qam, Blood

Date

Time

Physician's Signature

MD Number