attach patient label here

Methodist Le Bonheur Healthcare

Physician Orders ADULT

Order Set: Stem Cell Mobilization Plan

[**R**] = will be ordered

Related Order Sets:

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

Height: _____cm Weight: _____kg

Allergies:		[ ] No known allergies
[ ]Medication allergy(s):_____		
[ ] Latex allergy [ ]Other:_____		
Admission/Transfer/Discharge		
[ ]	Admit Patient T;N to: Dr. _____	
	Admit Status: [ ] Inpatient [X] Outpatient [ ] 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: [ ] Med/Surg [ ] Critical Care [ ] Stepdown [ ] Telemetry; Specific Unit Location: 3 Crews	
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
[ ]	Vital Signs Per Unit Protocol	T;N, T,P,R, & BP, per protocol
Patient Care		
[ ]	Daily Weights	T;N
[ ]	Nursing Communication	T;N, When WBC is equal to or greater than 1 thou/mcL after nadir, place order for CD34 daily.
[ ]	Nursing Communication	T;N, Upon completion of apheresis discontinue CD34 daily order.
[ ]	Nursing Communication	T;N, Upon completion of apheresis discontinue CBC daily order.
Medications		
[ ]	plerixafor	0.24 mg/kg, Injection, Subcutaneous, hs, Routine,Comment:To be given at 2200, Max dose= 40mg/day
[ ]	filgrastim (Neupogen)	10 mcg/kg, Injection, Subcutaneous, qam, Routine, Comment: Adminsiter prior to inititation of apheresis at 0900
[ ]	filgrastim (Neupogen)	900 mcg, Injection, Subcutaneous, qam, Routine,Comment: Adminsiter prior to inititation of apheresis at 0900
[ ]	filgrastim (Neupogen)	600 mcg, Injection, Subcutaneous, qam, Routine,, Comment: Adminsiter prior to inititation of apheresis at 0900
Laboratory		
[ ]	CBC	Routine, T;N, once, Blood
[ ]	CBC	Routine, T;N, qam, Blood
[ ]	CBC	Routine, T+3;0400, qam, Blood
[ ]	CD34 Stem Cells	Routine, T;N, once, Blood
[ ]	CD34 Stem Cells	Routine, T;N, qam, Blood
[ ]	CMP	Routine, T;N, once, Blood
[ ]	BMP	Routine, T;N, once, Blood
[ ]	Magnesium Level	Routine, T;N, once, Blood
[ ]	Phosphorus Level	Routine, T;N, once, Blood
Diagnostic Tests		
Consults/Notifications		

Date	Time	Physician's Signature	MD Number

HEM Stem Cell Mobilization-21112 PP-QM0211
080911