**Physician Orders ADULT**

**Order Set: Stem Cell Mobilization Plan**

**Related Order Sets:**

- [R] = will be ordered
- T= Today; N = Now (date and time ordered)

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**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**: 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.
- **Outpatient**: 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.

- **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: Administer prior to initiation of apheresis at 0900
- [ ] filgrastim (Neupogen) 900 mcg, Injection, Subcutaneous, qam, Routine, Comment: Administer prior to initiation of apheresis at 0900
- [ ] filgrastim (Neupogen) 600 mcg, Injection, Subcutaneous, qam, Routine, Comment: Administer prior to initiation of apheresis at 0900

**Laboratory**

- [ ] CBC Routine, T;N, once, Blood
- [ ] CBC Routine, T;N, qam, Blood
- [ ] CBC Routine, T;N, 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**

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