Physician Orders PEDIATRIC: LEB Apheresis Pre Procedure Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
T;N, Phase: LEB Apheresis Pre Proc Phase, When to Initiate: ____________________________

LEB Apheresis Pre Procedure Phase
Admission/Transfer/Discharge
☐ Patient Status Initial Outpatient
T;N Attending Physician: ____________________________
Reason for Visit: ____________________________
Bed Type: ____________________________ Specific Unit: Hematology
Outpatient Status/Service: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure
[ ] OP OBSERVATION Services

☐ Notify Physician - Once
T;N, Of room number on arrival to unit.

☐ Transfer Pt within current facility
T;N, To Hematology unit

☐ Return Patient to Room
T;N

Vital Signs
☑ Vital Signs
T;N, Monitor and Record T,P,R,BP, per Blood Transfusion Policy

Food/Nutrition
☐ NPO
Start at: T;N

☐ Breastfeed
T;N

☐ LEB Formula Orders Plan(SUB)*

☐ Regular Pediatric Diet
Start at: T;N

☐ Clear Liquid Diet
Start at: T;N

Patient Care
☐ Hepwell Insert/Site Care LEB
T;N, Routine, q2h(std)

☐ Consent Signed For
T;N

Nursing Communication
☐ Nursing Communication
T;N, Contact Apheresis Coordinator at pager 418-2100 for any apheresis related questions.

Respiratory Care
☑ ISTAT POC (RT Collect)
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T,N Routine once, Test Select Ionized calcium, Special Instructions: Drawn by pheresis nurse.

**Medications**

- **Prime Pump Fluids**(NOTE)*
  - **+1 Hours** sodium chloride 0.9%
    - 1,000 mL, Injection, Device, once, Routine, mL/hr, For Pump Priming
    - Comments: Medication to be administered by Apheresis Nurse only

- **+1 Hours** sodium chloride 0.9%
  - 500 mL, Injection, Device, once, Routine, mL/hr, For Pump Priming
  - Comments: Medication to be administered by Apheresis Nurse only

- **+1 Hours** anticoagulant citrate dextrose
  - 1,000 mL, Device, Routine, (for 1 dose ), mL/hr, For Pump Priming
  - Comments: Medication to be administered by Apheresis Nurse only

- **Pre- Medications**(NOTE)*
  - **+1 Hours** lidocaine-prilocaine 2.5%-2.5% topical cream
    - 1 application, Cream, N/A, prn, PRN Pain, Routine
    - Comments: To IV/Port access site(s) as needed, Medication to be administered by Apheresis Nurse only

- **+1 Hours** acetaminophen
  - 15 mg/kg, Supp, PR, once, PRN, Routine, Max Dose = 90 mg/kg/day up to 4 g/day
  - Comments: Pre-medications for transfusion, Medication to be administered by Apheresis Nurse only

- **+1 Hours** acetaminophen
  - 80 mg, Chew tab, PO, once, Routine, Max Dose=90 mg/kg/day up to 4 g/day, (1 tab= 80mg (DEF)*
    - Comments: Pre-medications for transfusion, Medication to be administered by Apheresis Nurse only
  - 325 mg, Tab, PO, once, Routine
    - Comments: Pre-medications for transfusion, Medication to be administered by Apheresis Nurse only

- **+1 Hours** diphenhydrAMINE
  - 1 mg/kg, Ped Injectable, IV, once, Routine, Max dose = 50 mg (DEF)*
    - Comments: Pre-medications for transfusion, Medication to be administered by Apheresis Nurse only
  - 1 mg/kg, Elixir, PO, once, Routine, Max dose = 50 mg
    - Comments: Pre-medications for transfusion, Medication to be administered by Apheresis Nurse only

- **+1 Hours** calcium gluconate
  - mg, Ped Injectable, IV, once, Routine, Mixed in 100 mL of Normal Saline
  - Comments: Pre-medications for transfusion, Mixed in 100 mL of Normal Saline, Medication to be administered by Apheresis Nurse only

- **+1 Hours** calcium carbonate
  - 1,000 mg, Tab, PO, once, Routine
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Comments: Pre-medication for transfusion, Medication to be administered by Apheresis Nurse only

☐ +1 Hours Sodium Chloride 0.9% Bolus
   mL, Injection, IV, once, Routine, Prior to placing second catheter
   Comments: Pre-medication for transfusion, Medication to be administered by Apheresis Nurse only

☐ +1 Hours alteplase
   mg, Ped Injectable, IV, N/A, PRN Cath Clearance, Routine
   Comments: Contact Physician for subsequent doses, Medication to be administered by Apheresis Nurse only

Laboratory
☑ CBC
   Routine, once, Type: Blood, Nurse Collect
   Comments: To be drawn by pheresis nurse

☐ Reticulocyte Count
   Time Study, once, Type: Blood

☐ Abnormal Hemoglobin Analysis (HPLC)
   Time Study, once, Type: Blood

☑ CMP
   Routine, once, Type: Blood, Nurse Collect, Collection Comment: Drawn by pheresis nurse
   Comments: To be drawn by pheresis nurse.

☐ Magnesium Level
   Time Study, once, Type: Blood

☐ Ferritin Level
   Time Study, once, Type: Blood

☑ LD
   Routine, once, Type: Blood, Nurse Collect, Collection Comment: Drawn by pheresis nurse
   Comments: To be drawn by pheresis nurse.

☐ Fibrinogen Level
   Time Study, once, Type: Blood

☐ Albumin Level
   Time Study, once, Type: Blood

Transfusion Orders
☐ LEB Transfusion Less Than 4 Months of Age Plan (SUB)*
☐ LEB Transfusion 4 Months of Age or Greater Plan (SUB)*
☐ Red Cell Exchange-Apheresis
   Routine, T:N

☐ Plasma Exchange-Apheresis
   Routine, T:N

Consults/Notifications/Referrals
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If patient does not have VasCath for apheresis, please order below MD Group Consult order for line placement. (NOTE)*

☐ Consult MD Group
  T;N, Routine, Group: Pediatric Surgical Group, Reason for Consult: VasCath line placement for apheresis

☐ Notify Resident-Continuing
  T;N

☐ Notify Resident-Once
  T;N

☐ Consult MD Group
  T;N

☐ Consult MD
  T;N

☐ Consult Medical Social Work
  T;N

☐ Dietitian Consult/Nutrition Therapy
  T;N

☐ Consult Child Life
  T;N

Date __________________________ Time __________________________ Physician’s Signature __________________________ MD Number __________________________

*Report Legend:

DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order