



Place Patient Sticker Here

**ADMIT TO APHERESIS UNIT
FOR RBC EXCHANGE**

Ht: _____ cm

Wt.: _____ kg

Allergies: _____

DATE & TIME	PHYSICIAN'S ORDERS AND DIET	DATE & TIME	PROGRESS RECORD
	Diagnosis: _____		Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient.
	Notify Blood Bank if this is a new sickle cell patient		
	Labs: <input type="checkbox"/> CBC		
	<input type="checkbox"/> Ionized calcium		
	<input type="checkbox"/> Type and cross _____ unit(s) PRBC leuco-poor		
	Review consent for RBC Exchange		
	Automated RBC Exchange Orders		
	Premedicate with		
	<input type="checkbox"/> None		
	<input type="checkbox"/> Acetaminophen (Tylenol) 650 mg PO x 1 dose		
	<input type="checkbox"/> Diphenhydramine (Benadryl) 25 mg PO x 1 dose		
	<input type="checkbox"/> Hydrocortisone (Solu-Cortef) 25 mg IV x 1 dose		
	End Hct _____ (maximum 35%)		
	Fraction of Cells Remaining (FCR): _____		
	Fluid Balance _____ (100% if euvolemic)		
	Calcium gluconate 1 gm IV in 100ml NS to run as continuous infusion at rate to last for the duration of apheresis.		
	Flush apheresis catheter with 5,000 units of heparin flush after each procedure or every 48 hours.		
	Alteplase per protocol prn clot		
	CBC post procedure		
	Orthostatic VS post procedure		
	Confirm catheter care prior to disposition		
	Physician Signature: _____		
	Physician ID#: _____		