**Physician Orders ADULT**

**Order Set: Leukocytapheresis Admit Plan**

**Related Order Sets:**

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**Allergies:**

- [ ] No known allergies
- [ ] Medication allergy(s):
- [ ] Latex allergy
- [ ] Other:

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**Admission/Transfer/Discharge**

- [ ] Admit Patient T:N to: Dr.
- [ ] 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

**Vital Signs**

- [ ] Vital Signs Per Unit Protocol: T;N, T,P,R, & BP
- [ ] Vital Signs: T;N, T,P,R, & BP, Orthostatic VS post Leukocytapheresis procedure

**Patient Care**

- [ ] Consent Signed For: T;N, Procedure: Leukocytapheresis
- [ ] Leukocytapheresis: T;N, Blood Volume: 
- [ ] Nursing Communication: T;N, Place order for CBC, once upon completion of Leukocytapheresis procedure
- [ ] Vas Cath May Use: T;N, May Use For: IV Fluid Admin/IV Med Admin/Blood Draw/Blood Admin, flush per protocol
- [ ] IV Insert/ Site Care: T;N, Routine, q4day
- [ ] Instruct/Educate: T;N, Instruct: Patient, Topic: Vas Cath care prior to discharge

**Medications**

- [ ] heparin flush: 2,000 units, Injection, Device, N/A, Routine, Comment: instill into each lumen catheter after each exchange procedure or every 48 hours
- [ ] alteplase: 2 mg, Injection, IV, PRN, PRN Cath Clearance, Routine, T;N, (2 dose), Specify number of lumens _______, administer per Thrombolytic for Declotting of Central Venous Access Devices Protocol
- [ ] calcium gluconate: 1 g, Injection, IV Piggyback, once, Routine, T;N, Comment: infuse continuously during procedure

**Laboratory**

- [ ] CBC: Routine, T;N, once, Blood
- [ ] Calcium Ionized: Routine, T;N, once, Blood

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**Date** **Time** **Physician's Signature** **MD Number**