



attach patient label here

Physician Orders ADULT
Order Set: Stem Cell Collection Plan

Related Order Sets:

[R] = will be ordered

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 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 and prior to apheresis procedure

Vital Signs T;N, q1h, T,P,R, & BP, during apheresis procedure

Patient Care

Consent Signed For T;N, Procedure: Stem Cell collection

Stem Cell Collection T;N, Routine, Number of Blood Volumes: _____ Other _____, ACD-A ratio: 1:24, other, WBFR: max tolerated by patient

Height T;N, prior to apheresis procedure

Weight T;N, prior to apheresis procedure

O2 Sat Spot Check-NSG T;N, Routine, prior to apheresis procedure

Nursing Communication T;N, If hemoglobin is less than 8 mg/dL place order for Type and Crossmatch PRBC, 1 unit, Leukoreduced and Irradiated

Nursing Communication T;N, If platelets are less than 20,000 uL place order for Platelets Transfuse, 5 units, Leukoreduced and Irradiated

Nursing Communication T;N, All blood product orders must be Leukoreduced and Irradiated

Nursing Communication T;N, APHERESIS: Place order for CBC, once upon completion of apheresis 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

anticoagulant citrate dextrose 500 mL & preservative free heparin 3000 units 500mL, injection, IV, Routine, _____ mL/hr

preservative free heparin 1,000 units, injection, once, Routine, Comment: add to stem cell collection bag

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





attach patient label here

Physician Orders ADULT
Order Set: Stem Cell Collection Plan

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

Related Order Sets:

Medications continued		
<input type="checkbox"/>	calcium gluconate	1 g, Injection, IV Piggyback, once, Routine, T;N, Comment: IVCI during apheresis procedure
<input type="checkbox"/>	calcium carbonate (Tums)	500mg, Chew tab, PO, q15 min, PRN Hypocalcemia, Routine, (for 2 dose), 2 tabs, For symptomatic hypocalcemia,(i.e. tingling, numbness) offer first
<input type="checkbox"/>	calcium gluconate	1 g, Injection, IV Piggyback, once, PRN hypocalcemia, Routine, T;N, (infuse over 1 hour), For symptomatic hypocalcemia,(i.e. tingling, numbness) NOT relieved by calcium carbonate
Pre Medications		
<input type="checkbox"/>	acetaminophen	650 mg, Tab, PO, Once, Routine, T;N, Comment: Please give 30 min prior to exchange procedure.
<input type="checkbox"/>	diphenhydrAMINE	25 mg, Cap, PO, Once, Routine, T;N, Comment: Please give 30 min prior to exchange procedure.
<input type="checkbox"/>	diphenhydrAMINE	50 mg, Cap, PO, Once, Routine, T;N, Comment: Please give 30 min prior to exchange procedure.
<input type="checkbox"/>	diphenhydrAMINE	25 mg, Injection, IV, Once, Routine, T;N, Comment: Please give 30 min prior to exchange procedure.
<input type="checkbox"/>	diphenhydrAMINE	50 mg, Injection, IV, Once, Routine, T;N, Comment: Please give 30 min prior to exchange procedure.
<input type="checkbox"/>	hydrocortisone (Solu-Cortef)	25 mg, Injection, IV, Once, Routine, T;N, Comment: Please give 30 min prior to exchange procedure.
<input type="checkbox"/>	hydrocortisone (Solu-Cortef)	50 mg, Injection, IV, Once, Routine, T;N, Comment: Please give 30 min prior to exchange procedure.
PRN Medications		
<input type="checkbox"/>	acetaminophen	650 mg, Tab, PO, Once, PRN fever, Routine, T;N
<input type="checkbox"/>	diphenhydrAMINE	25 mg, Injection, IV, Once, PRN itching, Routine, T;N
<input type="checkbox"/>	diphenhydrAMINE	50 mg, Injection, IV, Once, PRN itching, Routine, T;N
<input type="checkbox"/>	diphenhydrAMINE	25 mg, Cap, PO, Once, PRN itching, Routine, T;N
<input type="checkbox"/>	diphenhydrAMINE	50 mg, Cap, PO, Once, PRN itching, Routine, T;N
Laboratory		
<input type="checkbox"/>	CBC	Routine, T;N, once, Blood
<input type="checkbox"/>	CD34 Stem Cells	Routine, T;N, once, Blood
<input type="checkbox"/>	Comprehensive Metabolic Profile	Routine, T;N, once, Blood
<input type="checkbox"/>	Magnesium Level	Routine, T;N, once, Blood
<input type="checkbox"/>	Phosphorus Level	Routine, T;N, once, Blood
<input type="checkbox"/>	Prothrombin Time (PT/INR)	Routine, T;N, once, Blood
<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	Routine, T;N, once, Blood
<input type="checkbox"/>	Type and Screen	Routine, T;N, once, Blood
<input type="checkbox"/>	Calcium Ionized	Routine, T;N, once, Blood
<input type="checkbox"/>	Type and Crossmatch PRBC	Routine, T;N, Reason: transfuse, Transfusion Date Expected: ____ Number of Units: _____, Special Needs: Leukoreduced and Irradiated
<input type="checkbox"/>	Platelets Transfuse	Routine, T;N, Reason: transfuse, Transfusion Date Expected: ____ Number of Units: _____



attach patient label here

Physician Orders ADULT
Order Set: Stem Cell Collection Plan

Related Order Sets:

[R] = will be ordered

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

Laboratory continued

NOTE: AM Labs if needed for Day 2		
<input type="checkbox"/>	CBC	Routine, T+1;0400, once, Blood
<input type="checkbox"/>	CD34 Stem Cells	Routine, T+1;0400, once, Blood
<input type="checkbox"/>	Basic Metabolic Panel	Routine, T+1;0400, once, Blood
<input type="checkbox"/>	Calcium Ionized	Routine, T+1;0400, once, Blood

Date

Time

Physician's Signature

MD Number