**Physician Orders ADULT**

**Order Set: Aquapheresis Orders**

**NORTH ONLY**

[R] = will be ordered

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

Height: ______ cm  Weight: ______ kg

### Allergies:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] No known allergies</td>
</tr>
<tr>
<td>[ ]</td>
<td>Medication allergy(s):</td>
</tr>
<tr>
<td></td>
<td>[ ] Latex allergy  [ ] Other:</td>
</tr>
</tbody>
</table>

### Vital Signs

- [ ] Vital signs  
  T;N, q15 minutes x4, then q1h for duration of treatment

### Activity

- [ ] Out of bed  
  T;N, up to chair as tolerated

### Patient Care

**NOTE:** The average removal rate is approximately 250 ml/hour.

**NOTE:** Patients in volume sensitive states (e.g. right heart failure, pulmonary distress, hepatic disease, cardiogenic shock) usually require rates lower than average (e.g. 50-150 ml/hour). Monitor patient for clinical signs of hypovolemia and hypotension as appropriate.

- [ ] Aquapheresis therapy  
  T;N, NET fluid removal ______mL/hr, length of treatment ______ hrs, Total liters to remove ______

- [ ] Daily weights  
  T;N, Routine, qam

- [ ] Restrict Fluids  
  T;N, Routine, Comment: Restrict fluids to 1000 ml/24hr

- [ ] Intake and Output  
  T;N, During Aquapheresis therapy

- [ ] Nursing Communication  
  T;N, If SBP < 10 mm Hg below baseline or < 90 mm Hg, or heart rate > 130 bpm for 2 consecutive checks, decrease UF rate by 100 mL/hr or place at 0 mL/hr for 30 mins or until stabilized. When stable, resume UF rate.

- [ ] Nursing Communication  
  T;N, Discontinue Heparin VTE protocol at conclusion of Aquapheresis therapy

### Continuous Infusions

- [ ] Normal Saline 0.9%  
  500 mL, IV, Routine, T;N, 50 ml/hr (Infuse over 10 hr), To prime Aquapheresis circuit, Comment: Prime Aquapheresis circuit

### Medications

**NOTE:** Anticoagulation should be administered through the access port on the withdrawal line of circuit.

**NOTE:** Heparin bolus and drip should be initiated 30 min prior to attaching patient to UF500 circuit.

**NOTE:** Patients with a therapeutic INR on Coumadin are NOT given the initial heparin bolus

### VTE Heparin protocol orders

### Laboratory

- [ ] BMP  
  STAT, T;N, Blood, Comment: Prior to Aquapheresis therapy

- [ ] BMP  
  Routine, T;N, qam X 3 day, Blood

- [ ] INR  
  STAT, T;N, Blood, Comment: Prior to Aquapheresis therapy

### Diagnostic Tests

- [ ] Consult IR (Interventional Radiologist)  
  T;N, Reason For Exam: Interventional Radiology Consultation, Routine, Comment: For Aquapheresis therapy - Insert Vas Cath

### Consults/Notifications

- [ ] Notify Physician, Continuing  
  T;N, Who: __________________ For: SBP < 10 mm Hg below baseline or < 90 mmHg or heart rate > 130 BPM for two consecutive checks, decrease UF rate by 100 mL/hr or place at 0 mL/hr for 30 mins or until stabilized. When stable, resume UF Rate.

- [ ] Physician Consult  
  T;N, Consult: __________________ For: Heparin Allergy

---

**Date** | **Time** | **Physician’s Signature** | **MD Number**
---|---|---|---

---

CARD Aquapheresis Orders-NORTH ONLY-20423-OM0311 080212

Page 1 of 1