



attach patient label here

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:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Vital Signs		
<input type="checkbox"/>	Vital signs	T;N, q15 minutes x4, then q1h for duration of treatment
Activity		
<input type="checkbox"/>	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.		
<input type="checkbox"/>	Aquapheresis therapy	T;N, NET fluid removal _____ mL/hr, length of treatment _____ hrs, Total liters to remove _____
<input type="checkbox"/>	Daily weights	T;N, Routine, qam
<input type="checkbox"/>	Restrict Fluids	T;N, Routine, Comment: Restrict fluids to 1000 ml/24hr
<input type="checkbox"/>	Intake and Output	T;N, During Aquapheresis therapy
<input type="checkbox"/>	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.
<input type="checkbox"/>	Nursing Communication	T;N, Discontinue Heparin VTE protocol at conclusion of Aquapheresis therapy
Continuous Infusions		
<input type="checkbox"/>	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		
<input type="checkbox"/>	VTE Heparin protocol orders	
Laboratory		
<input type="checkbox"/>	BMP	STAT, T;N, Blood, Comment : Prior to Aquapheresis therapy
<input type="checkbox"/>	BMP	Routine, T;N, qam X 3 day, Blood
<input type="checkbox"/>	INR	STAT, T;N, Blood, Comment : Prior to Aquapheresis therapy
Diagnostic Tests		
<input type="checkbox"/>	Consult IR (Interventional Radiologist)	T;N, Reason For Exam: Interventional Radiology Consultation, Routine, Comment: For Aquapheresis therapy - Insert Vas Cath
Consults/Notifications		
<input type="checkbox"/>	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.
<input type="checkbox"/>	Physician Consult	T;N, Consult : _____ For: Heparin Allergy

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

