Methodist Healthcare

(Place Patient Identification Sticker Here)

HT: _____ cm

WT: _____ kg

ALLERGY: _____

BLOOD AND MARROW TRANSPLANT: APHERESIS ORDERS

DATE & TIME	PHYSICIAN'S ORDERS AND DIET	DATE & TIME	PROGRESS RECORD
1.	Admit to Apheresis Unit		Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient.
	Apheresis Attending		
	BMT Attending		
2.	Diagnosis:		
3.	Allergies:		
4.	[ ] Day 1 Labs: CBC, CD34, CMP, Mg, Phos		
	PT, PTT, type and screen, ionized Ca		
	[ ] Day > 1 Labs: CBC, CD34, BMP, ionized Ca		
5.	Review consent for apheresis		
6.	Give daily G-CSF dose prior to apheresis		
7.	VS and weight pre-apheresis		
	VS post apheresis and q hr during apheresis		
8.	Stem cell harvest		
	3 blood volumes		
	ACD-A approx 1:24 ratio		
	Add preservative-free heparin 3000 units / 500 mL ACD-A		
	Add 1000 units preservative-free heparin to collection bag		
	WBFR max tolerated by patient		
	Ca gluconate 1 gm IVCI during procedure		
9.	For hypocalcemia symptoms:		
	Moderate - Tums 2 PO q 15-30 minutes		
	Severe - Ca gluconate 1 gm IV over 1 hour		
10.	CBC post apheresis		
11.	Flush catheter per protocol		
12.	Reteplase (Retavase) per protocol PRN clot		
13.	All blood products to be leukodepleted & irradiated.		
	For hemoglobin < 8 gm / dL write voice order and		
	transfuse 1 unit PRBC leukodepleted & irradiated.		
	For platelets < 20,000 uL write voice order and		
	transfuse 6 unit RDF leukodepleted & irradiated.		

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BLOOD AND MARROW TRANSPLANT: APHERESIS ORDERS

DATE & TIME	PHYSICIAN'S ORDERS AND DIET	DATE & TIME	PROGRESS RECORD
14.	[ ] No history of transfusion reactions		Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient.
	do not premedicate transfusions		
	[ ] At risk for transfusion reactions, premedicate		
	transfusions with:		
15.	Confirm catheter care prior to discharge		