Physician Orders PEDIATRIC: LEB TPE & RBC Apheresis Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase

Phase: LEB TPE & RBC Apheresis Phase, When to Initiate: When patient arrives to unit

LEB TPE & RBC Apheresis Phase
Vital Signs
☐ Vital Signs

Monitor and Record T,P,R,BP, per blood transfusion policy.

Patient Care
☐ Consent Signed For

Procedure: Blood consent.

☐ Consent Signed For

☐ Exchange Type RBC

☐ Exchange Type TPE

Nursing Communication
☐ Nursing Communication

Contact Apheresis Coordinator at 901-297-2759 for any apheresis related questions.

Respiratory Care
☐ ISTAT POC (RT Collect)

Stat once PRN, Test Select Ionized calcium, Special Instructions: To be drawn by the apheresis nurse.

Medications

☒ +1 Hours Sodium Chloride 0.9%

1,000 mL, Device, Routine, (for 1 dose), mL/hr, for pump prime

Comments: Medication to be administered by apheresis nurse only.

☒ +1 Hours Sodium Chloride 0.9%

1,000 mL, Device, Routine, (for 1 dose), mL/hr, for pump prime when citrate not used

Comments: Medication to be administered by apheresis nurse only

☒ +1 Hours anticoagulant citrate dextrose

1,000 mL, Device, Routine, (for 1 dose), mL/hr, for pump prime

Comments: Medication to be administered by apheresis nurse only

☒ +1 Hours calcium gluconate

mg, Device, once, Routine, mL/hr )

Comments: Pre- medication for transfusion, mix in 100 mL of Normal Saline per 1gm of calcium. Remove excess NS to ensure 1:1 concentration, 1gm per 1L of replacement fluids, medication to be administered by apheresis nurse only.

☒ +1 Hours albumin, human 5%

1 g/kg, Ped Injectable, IV Piggyback, once, (infuse over 4 hr ), Max dose = 25g

☒ +1 Hours heparin

1,000 units, Ped Injectable, IV, N/A, PRN Cath Clearance, Routine

Comments: Medication to be administered via arterial port by Apheresis Nurse only.

☒ +1 Hours heparin

1,000 units, Ped Injectable, IV, N/A, PRN Cath Clearance, Routine

Comments: Medication to be administered via venous port by Apheresis Nurse only.

☒ +1 Hours alteplase

mg, Ped Injectable, IV, N/A, PRN Cath Clearance, Routine, (for 1 dose )

Comments: Contact Physician for subsequent doses, Medication to be administered by Apheresis Nurse only. Reference for vascath sizes only 7 Fr: 0.8cc & 0.8cc, 9Fr: 0.9cc & 1.0cc , 11.5Fr 0.9cc & 1.1xx, 14 Fr 1.5cc & 1.6cc

☒ +1 Hours alteplase

mg, Ped Injectable, IV, N/A, PRN Cath Clearance, Routine, (for 1 dose )

Comments: Contact Physician for subsequent doses, Medication to be administered by
Physician Orders PEDIATRIC: LEB TPE & RBC Apheresis Plan

Apheresis Nurse only. Reference for vascath sizes only 7 Fr: 0.8cc & 0.8cc, 9Fr: 0.9cc & 1.0cc, 11.5Fr 0.9cc

+1 Hours calcium carbonate
1,000 mg, Tab, PO, once, Routine
Comments: Pre-medication for transfusion, Medication to be administered by Apheresis Nurse only. 1000mg = 200 mg ELEMENTAL Calcium

+1 Hours acetaminophen
15 mg/kg, Liq, PO, once, Routine, Max Dose= 75 mg/kg/day up to 4g/day (DEF)*
Comments: Pre-medication for transfusion, medication to be administered by Apheresis nurse only.

325 mg, Tab, PO, once, Routine, Max Dose= 75 mg/kg/day up to 4g/day.
Comments: Pre-medication for transfusion, medication to be administered by Apheresis nurse only.

+1 Hours diphenhydramINE
1 mg/kg, Ped Injectable, IV, once, Routine, Max dose= 50mg
Comments: Pre-medication for transfusion, medication to be administered by Apheresis nurse only.

Laboratory

CBC with Diff
STAT, T;N, Type: Blood, Collection Comment: Pre-procedure

Fibrinogen Level
STAT, T;N, Type: Blood, Collection Comment: Pre-procedure

CBC with Diff
Routine, T;N, once, Type: Blood

CMP
Routine, T;N, once, Type: Blood

Magnesium Level
Routine, T;N, once, Type: Blood

LD
Routine, T;N, once, Type: Blood

Fibrinogen Level
Routine, T;N, once, Type: Blood

PT/INR
Routine, T;N, once, Type: Blood

PTT
Routine, T;N, once, Type: Blood

Hemoglobin
Routine, T;N, once, Type: Blood

LEB Transfusion Less Than 4 Months of Age Plan(SUB)*

LEB Transfusion 4 Months of Age or Greater Plan(SUB)*

LEB Transfusion Reaction Workup Plan(SUB)*

Red Cell Exchange-Apheresis
Routine, T;N, Must have HCT level on the bag.
Comments: Must have HCT level on the bag.

Transfuse PRBC <4 Months
Routine, T;N, Must have HCT level on the bag.
Comments: Must have HCT level on the bag.

Transfuse PRBC >4 Months
Routine, T;N, Must have HCT level on the bag.
Comments: Must Have HCT level on the bag.

Plasma Exchange-Apheresis
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☐ Plasma Transfuse-Pediatric

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician's Signature</th>
<th>MD Number</th>
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*Report Legend:*
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order