



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 RBCx
 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 S
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





Physician Orders PEDIATRIC: LEB TPE & RBC Apheresis Plan

Plasma Transfuse-Pediatric

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

***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

