Physician Orders PEDIATRIC: LEB Apheresis Post Procedure Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
  T:N, Phase: LEB Apheresis Post Proc Phase, When to Initiate: ______________________

LEB Apheresis Post Procedure Phase
Admission/Transfer/Discharge
☐ Transfer Pt within current facility
  T:N, after one hour
☐ Return Patient to Room
  T:N, after one hour
☐ Discharge Patient
  T:N, Disposition: Home, after one hour

Vital Signs
☑ Vital Signs
  T:N, Routine Monitor and Record T,P,R,BP

Patient Care
☑ Discharge Instructions
  T:N, Followup Appointments: Schedule next appointment in _______ weeks

Respiratory Care
☐ ISTAT POC (RT Collect)
  T:N Routine once, Test Select Ionized calcium

Laboratory
☐ CBC
  Routine, T:N, once, Type: Blood
☐ Reticulocyte Count
  Routine, T:N, once, Type: Blood
☐ CMP
  Routine, T:N, once, Type: Blood
☐ Abnormal Hemoglobin Analysis(HPLC)
  Routine, T:N, once, Type: Blood

Consults/Notifications/Referrals
☐ Notify Resident-Continuing
  T:N
☑ Notify Resident-Once
  T:N, Notify: Hematologist, If post ionized calcium < 1.10 (DEF)*
  T:N
☐ Consult MD Group
  T:N
☐ Consult MD
  T:N
☐ Consult Medical Social Work
Physician Orders PEDIATRIC: LEB Apheresis Post Procedure Plan

☐ T,N Dietitian Consult/Nutrition Therapy
☐ T,N Consult Child Life
☐ T,N Physical Therapy Ped Eval & Tx
☐ T,N Occupational Therapy Ped Eval & Tx
☐ T,N Speech Therapy Ped Eval & Tx

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