



Center Information:

# Therapeutic Procedure Orders

Hospital order may be attached

Ordering Physician \_\_\_\_\_ Med. Record (MR)/Patient # \_\_\_\_\_  
 Ordering Physician's Phone/Fax # \_\_\_\_\_ Patient's Phone# \_\_\_\_\_  
 Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex  M  F  
 Inpatient  Outpatient Facility \_\_\_\_\_ Room \_\_\_\_\_  
 Height \_\_\_\_\_  in  cm Weight \_\_\_\_\_  lb  kg Hgb/Hct \_\_\_\_ / \_\_\_\_  
 Est. TBV \_\_\_\_\_ Est TPV \_\_\_\_\_ Est. ECV (15% TBV adult; 10% TBV pediatrics) \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 ACE inhibitors:  NA  No  Yes \_\_\_\_\_ Hold for 24-48 hours prior to apheresis procedures

Diagnosis \_\_\_\_\_ ASFA Category \_\_\_\_\_ **Category III or IV consult with Field MD**  
 Procedure Type  Plasma Exchange  WBC Depletion  RBC Exchange/Depletion  Platelet Depletion  
 LDL Reduction  Photopheresis  WB phlebotomy \_\_\_\_\_ mL  
 Start Date \_\_\_\_\_ Frequency \_\_\_\_\_ Duration/Target \_\_\_\_\_  
 Replacement Fluid  5% Albumin  FFP/Cryo poor  RBCs  0.9% NaCl  
 Volume to exchange/process \_\_\_\_\_ Fluid Balance \_\_\_\_\_ %  
 5% Albumin: Have \_\_\_\_\_ mL at bedside; administer \_\_\_\_\_ mL to \_\_\_\_\_ mL during procedure  
 0.9% NaCl: Have \_\_\_\_\_ mL at bedside; administer \_\_\_\_\_ mL to \_\_\_\_\_ mL during procedure  
 FFP/Cryo poor: Have \_\_\_\_\_ mL on hold; administer \_\_\_\_\_ mL to \_\_\_\_\_ mL during procedure  
 RBC: Have \_\_\_\_\_ mL/units on hold \_\_\_\_\_ Ending HCT \_\_\_\_\_ %  
 Vascular Access:  Central Line  Implantable Port  Peripheral  Fistula

### Medications

Calcium Gluconate (10%) \_\_\_\_\_ grams at bedside  
 Adult procedure: Administer Calcium Gluconate (10%) \_\_\_\_\_ mL to \_\_\_\_\_ mL per each liter of replacement fluid  
 Pediatric Procedure: Administer Calcium Gluconate (10%) at a rate of \_\_\_\_\_ mL/hour **or** per ordering physician  
 Normal saline: 1 x 1000 mL; 1 x 250 mL bags each day of procedure  
 Diphenhydramine (Benadryl) \_\_\_\_\_ mg  PO  IV  Acetaminophen (Tylenol): \_\_\_\_\_ mg  PO  IV  
 IV Fluid Bolus:  Crystalloids \_\_\_\_\_ mL  Colloids \_\_\_\_\_ mL  Other \_\_\_\_\_ mL  
 Per catheter volume pack with  Heparin 1000:1  Heparin 5000:1  Sodium Citrate 4%  
 Pack implantable port with:  Heparin 100:1; 5 mL  Other \_\_\_\_\_

### Laboratory

Type & Screen prior to first treatment **ONLY REQUIRED FOR RBCx or when using plasma as replacement fluid**

Test	Frequency	Test	Frequency	Test	Frequency
CBC	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> Other _____	Coags (PT/PTT/INR)	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> Other _____	Hgb electrophoresis	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> Other _____
CMP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> Other _____	Fibrinogen	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> Other _____	Other	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> Other _____
LDH	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> Other _____	<input type="checkbox"/> ADAMTS13 activity w/reflex inhibitor & antibody (prior to first exchange for suspected TTP)			

Ordering Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Field Medical Director Signature \_\_\_\_\_ Date \_\_\_\_\_

### Vitalant Use Only

Order Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 FMD Notified \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_