

**APHERESIS / PHOTOPHERESIS
PHYSICIAN/NP DAILY ORDER SHEET**

Patient Name:	
MR#:	Date of Birth:
Date Written (required):	Weight:
Time Written (required):	Height:

Allergies:

Date	Time	Initial	ORDER
			Calcium Gluconate (Ionized Calcium level _____)
			Calcium Gluconate 2gm in 0.9%NS 100ml IV ONCE at the start of collection/procedure to infuse over length of procedure.
			Calcium Gluconate 4gm in 0.9%NS 200ml IV ONCE at the start of collection/procedure to infuse over length of procedure.
			Additional 1gm OR 2gm (circle dose) Calcium Gluconate in 0.9%NS 100ml IV once over remainder of collection for midpoint Calo<3.5 and for moderate/severe symptoms.
			Calcium Carbonate 1,500 mg (3x500mg tabs) PO PRN perioral numbness and tingling throughout apheresis procedure. May repeat x 5 more doses (not to exceed 18 tablets).
			Controlled Medications (circle dose, route, and/or frequency where needed)
			<input type="checkbox"/> Hydrocodone/APAP [Lortab] 5/325mg PO 1 tab / 2 tabs q4hr prn pain <5 on a 10pt scale OR (check box and circle dose to indicate order)
			<input type="checkbox"/> Oxycodone 5mg / 10mg 1R PO every _____ hr PRN pain <5 on a 10pt scale
			Morphine sulfate 1mg / 2mg / 4mg IV every _____ min / hr pain 5-10 on a 10pt scale (dose & freq)
			Hydromorphone [Dilaudid] 2 mg PO / IV every _____ min / hr PRN pain 5-10 on a 10pt scale if unable to take morphine (dose & frequency)
			Lorazepam [Ativan] 0.5mg / 1mg for anxiety or vasospasm PO / IV once every 4 hours if needed (dose & route)
			Electrolyte: Potassium (Potassium level _____)
			Infuse _____ meq potassium chloride IV ONCE. Infuse @ 10 meq/hour.
			Give _____ meq of potassium chloride elixir PO ONCE.
			Give _____ meq of KDUR PO ONCE.
			Electrolyte: Magnesium (Magnesium level _____)
			Infuse _____ gms of magnesium sulfate IV ONCE @ 2 gms/hour.
			0.9%NS IV fluid orders: 500ml / 1,000ml (circle volume) Check one <input type="checkbox"/> RUN at _____ ml/hr frequency: <input type="checkbox"/> BOLUS over _____ minutes
			Diphenhydramine [Benadryl] 25 mg IV / PO ONCE PRN nausea (circle route)
			Loperamide [Imodium] 2 mg tab PO ONCE PRN diarrhea
			Apply Lidocaine [L-M-X / Ancream] 4% cream to antecubital area prior to peripheral access. Allow 30 min contact time.
			Ondansetron [Zofran] 8mg PO / IV ONCE PRN nausea/vomiting (circle route)
			Alteplase [Cathflo] 2 mg/2 ml IV ONCE to each occluded catheter lumen x _____ # of lumens for at least 30min and a max of 2hrs. May repeat if needed x 1. See Vanderbilt Clinical Procedure CL 30-07.07 for Catheter Clearance by TPA.
			NaCitate 4% & gentamicin 900 mcg/3 ml: Use 1ml to pack each lumen of port x _____ # of lumens ONCE

Other Instructions: If allergic reaction or infusion related reaction occurs, initiate hypersensitivity reaction protocol (CL30-04.10) and CALL MD.

NP/MD _____ / _____ **Pager #** _____
Print name Signature Revised 5/5/2014 jmc

Per V/O (RB) _____ / _____ **Phone#** _____
RN Signature MD Name *Provider must sign orders upon arrival to clinic