

## General

### Procedures

#### [ ] Photopheresis

<input type="checkbox"/> Photopheresis	Routine, Once For 1 Occurrences Access:
<input type="checkbox"/> Priming solution - sodium chloride 0.9 % infusion	500 mL, intravenous, PRN, priming, For 2 Doses Priming solution
<input type="checkbox"/> Anticoagulant solution - anticoagulant citrate dextrose (ACD) irrigation	500 mL, extracorporeal, once, For 1 Doses
<input type="checkbox"/> methoxsalen (UVADEX) solution	extracorporeal, once Uvadex (methoxsalen) is restricted to transfusion medicine providers. Are you a transfusion medicine provider or ordering on behalf of one?

#### [ ] Therapeutic Plasma Exchange - NOT HMSL

<input type="checkbox"/> Therapeutic plasma exchange	Routine, Once Access:
<input type="checkbox"/> Exchange fluid - albumin human 5 % 1,000 mL with potassium chloride 4 mEq, calcium gluconate 4.6 mEq infusion	1,000 mL, intravenous, at 999 mL/hr, for 1 Hours, every 1 hour, For 3 Doses Indication: Other Specify: For plasma exchange
<input type="checkbox"/> Prepare fresh frozen plasma	Routine Transfusion Indications: Transfusion date:
<input type="checkbox"/> Transfuse fresh frozen plasma	Routine Transfusion duration per unit (hrs):
<input type="checkbox"/> Priming solution - sodium chloride 0.9 % infusion	1,000 mL, intravenous, once, For 1 Doses Priming solution
<input type="checkbox"/> Anticoagulant solution - anticoagulant citrate dextrose (ACD) irrigation	750 mL, extracorporeal, once, For 1 Doses

#### [ ] Therapeutic Plasma Exchange - HMSL Only

<input type="checkbox"/> Therapeutic plasma exchange	Routine, Once Access:
<input type="checkbox"/> Exchange Fluid - albumin human 5 % 1000 mL	1,000 mL, intravenous, once Indication: Other Specify: For plasma exchange
<input type="checkbox"/> Prepare fresh frozen plasma	Routine Transfusion Indications: Transfusion date:
<input type="checkbox"/> Transfuse fresh frozen plasma	Routine Transfusion duration per unit (hrs):
<input type="checkbox"/> Priming solution - sodium chloride 0.9 % infusion	1,000 mL, intravenous, once, For 1 Doses Priming solution
<input type="checkbox"/> Anticoagulant solution - anticoagulant citrate dextrose (ACD) irrigation	750 mL, extracorporeal, once, For 1 Doses

#### [ ] RBC Exchange

<input type="checkbox"/> Red blood cell exchange	Routine, Once Access:
<input type="checkbox"/> Prepare RBC	Routine Transfusion Indications: Transfusion date:
<input type="checkbox"/> Transfuse RBC	Routine Transfusion duration per unit (hrs):
<input type="checkbox"/> sodium chloride 0.9 % infusion	1,000 mL, intravenous, once, For 1 Doses Priming solution
<input type="checkbox"/> anticoagulant citrate dextrose (ACD) irrigation	1,000 mL, extracorporeal, once, For 1 Doses

#### [ ] WBC Reduction

<input type="checkbox"/> WBC reduction	Routine, Once Access:
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<input type="checkbox"/>	Priming solution: sodium chloride 0.9 % infusion	1,000 mL, intravenous, once, For 1 Doses Priming solution
<input type="checkbox"/>	Anticoagulant solution: anticoagulant citrate dextrose (ACD) irrigation	1,000 mL, extracorporeal, once, For 1 Doses
<input type="checkbox"/> Platelet Reduction		
<input type="checkbox"/>	Platelet reduction	Routine, Once Access:
<input type="checkbox"/>	Priming solution: sodium chloride 0.9 % infusion	intravenous, once, For 1 Doses Priming solution
<input type="checkbox"/>	Anticoagulant solution: anticoagulant citrate dextrose (ACD) irrigation	1,000 mL, extracorporeal, once, For 1 Doses
<input type="checkbox"/> LDL Apheresis		
<input type="checkbox"/>	LDL apheresis	Routine, Once Access:
<input type="checkbox"/>	sodium chloride 5 % (HYPERTONIC) for LDL Apheresis	extracorporeal, once, For 1 Doses
<input type="checkbox"/>	lactated ringer's infusion	1,000 mL, intravenous, once, For 1 Doses
<input type="checkbox"/>	HEParin (porcine) injection	30,000 Units, intravenous, once, For 1 Doses Draw up into syringe. Given extracorporeal.

## Pre-Procedure

### Local Anesthetics (Single Response)

<input type="checkbox"/>	lidocaine PF 1% (XYLOCAINE) injection	0.3 mL, injection, PRN, For 2 Doses
<input type="checkbox"/>	buffered lidocaine 1% injection	0.3 mL, injection, PRN, For 2 Doses

### Local Anesthetics (Single Response)

<input type="checkbox"/>	lidocaine PF 1% (XYLOCAINE) injection	0.3 mL, injection, PRN, For 2 Doses
<input type="checkbox"/>	lidocaine 2% buffered with 8.4% sodium bicarbonate injection	0.3 mL, injection, PRN, For 2 Doses

### Antihistamine / Anti-Inflammatory

<input type="checkbox"/>	diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, once, For 1 Doses
<input type="checkbox"/>	methylPREDNISolone sodium succinate (Solu-MEDROL) injection	40 mg, intravenous, once, For 1 Doses

### Antiemetics (Single Response)

<input type="checkbox"/>	ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet - 4 mg	4 mg, oral, once PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input type="checkbox"/>	ondansetron (ZOFTRAN) injection - 4 mg	4 mg, intravenous, once PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/>	promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 20 mL for Alaris pump syringe option - 12.5 mg	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, once PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/>	promethazine (PHENERGAN) tablet - 12.5 mg	12.5 mg, oral, once PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/>	promethazine (PHENERGAN) suppository - 12.5 mg	12.5 mg, rectal, once PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

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( ) promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, once PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
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( ) promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB - 12.5 mg	12.5 mg, intravenous, for 30 Minutes, once PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
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#### Antipyretic

[ ] acetaminophen (TYLENOL) tablet	325 mg, oral, once PRN, fever, For 2 Doses
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#### Hypocalcemia Prophylaxis or Treatment (Single Response)

( ) calcium gluconate injection (100 mg/mL)	0.5 g, intravenous, once, For 1 Doses To be given by Apheresis Tech/RN
( ) calcium gluconate injection (100 mg/mL)	1 g, intravenous, once, For 1 Doses To be given by Apheresis Tech/RN

#### Catheter Clearance

[ ] alteplase (TPA) for NON Quinton and Hemodialysis Catheters 1 mg	1 mg, intravenous, once, For 1 Doses
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#### Catheter Clearance

[ ] alteplase (CATHFLO) for NON Quinton and Hemodialysis Catheters 1 mg	1 mg, intravenous, once, For 1 Doses
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## During Procedure

#### Antihistamine / Anti-Inflammatory

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## Post-Procedure

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### Catheter Packing

<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intra-catheter, once PRN, line care
<input type="checkbox"/> HEParin, porcine (PF) injection	100 Units, intra-catheter, once PRN, line care

## Labs

### Pre-Procedure

<input type="checkbox"/> CBC hemogram	Once
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input type="checkbox"/> Prothrombin time with INR	Once
<input type="checkbox"/> Partial thromboplastin time	Once
<input type="checkbox"/> Fibrinogen	Once
<input type="checkbox"/> Ionized calcium	Once
<input type="checkbox"/> Lactate dehydrogenase, LDH	Once
<input type="checkbox"/> Hemoglobin electrophoresis with HGB HCT and RBC	Once
<input type="checkbox"/> ADAMTS-13 - Misc referral test	STAT For 1 Occurrences

### Post-Procedure

<input type="checkbox"/> CBC hemogram	Once
<input type="checkbox"/> Hemoglobin electrophoresis with HGB HCT and RBC	Once
<input type="checkbox"/> HLA antibody testing - pre transplant	Once Collect 2 Red Top (10ml)
<input type="checkbox"/> HLA antibody screen - post transplant	Once Collect 2 Red Top (10ml)  Donor Specific Antigen (DSA)