Therapeutic Apheresis (2125)

Version: 13 **Gen:** 11/3/2026

Location: _____

General

Procedures

☐ **Photopheresis**

☑ **Photopheresis** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine
Question(s):
Access:

☑ **Priming solution - sodium chloride 0.9 % infusion** **Dose:** 500 mL **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **PRN Comment:** priming
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Priming solution

☑ **Anticoagulant solution - anticoagulant citrate dextrose (ACD) irrigation** **Dose:** 1000 mL **Route:** extracorporeal **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
Not for IV Use. For Extracorpeal Use ONLY. Must be given with calcium infusion.

☑ **methoxsalen (UVADEX) solution** **Dose:** 20 **Frequency:** once
Question(s):
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, HMWB, HMTW or HMCY**

☑ **Therapeutic plasma exchange** **Frequency:** Once **Priority:** Routine
Question(s):
Access:

☑ **Exchange fluid - albumin human 5 % 1,000 mL with potassium chloride 4 mEq, calcium gluconate 4.6 mEq infusion** **Dose:** 1000 mL **Route:** intravenous **Frequency:** every 1 hour
Admin Instructions:
For Plasmapheresis Only !!!
Product Admin Instructions:
Each liter contains 4.6 mEq of calcium gluconate and 4 mEq of potassium chloride. Do NOT administer with PHOSPHATE-containing products.

☐ **Prepare fresh frozen plasma** **Frequency:** Once **Start Date:** S **Priority:** Routine **Specimen Type:** Blood
Question(s):
Transfusion Indications:
Transfusion date:

☐ **Transfuse fresh frozen plasma** **Start Date:** S **Priority:** Routine
Question(s):
Transfusion duration per unit (hrs):

☑ **Priming solution - sodium chloride 0.9 % infusion** **Dose:** 1000 mL **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Priming solution

☑ **Anticoagulant solution - anticoagulant citrate dextrose (ACD) irrigation** **Dose:** 750 mL **Route:** extracorporeal **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
Not for IV Use. For Extracorpeal Use ONLY. Must be given with calcium infusion.

☐ **Therapeutic Plasma Exchange - HMCY, HMTW, HMWB**

☑ **Therapeutic plasma exchange** **Frequency:** Once **Priority:** Routine
Question(s):
Access:

☑ **Exchange fluid - albumin human 5 % 1,000 mL with potassium chloride 4 mEq, calcium gluconate 4.6 mEq infusion** **Dose:** 1000 mL **Route:** intravenous
Admin Instructions:
For Plasmapheresis Only !!!

Sign:_____ **Printed Name:**_____
Date/Time:_____

☐ **Prepare fresh frozen plasma** **Frequency:** Blood - Once **Frequency Limit:** 1 Occurrences **Start Date:** S **Priority:** Routine **Specimen Type:** Blood
Question(s):
Transfusion Indications:
Transfusion date:

☐ **Transfuse fresh frozen plasma** **Frequency:** Transfusion **Start Date:** S **Priority:** Routine
Question(s):
Transfusion duration per unit (hrs):

☑ **Priming solution - sodium chloride 0.9 % infusion** **Dose:** 1000 mL **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Priming solution

☑ **Anticoagulant solution - anticoagulant citrate dextrose (ACD) irrigation** **Dose:** 750 mL **Route:** extracorporeal **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
Not for IV Use. For Extracorpeal Use ONLY. Must be given with calcium infusion.

☐ **Therapeutic Plasma Exchange - HMSL Only**

☑ **Therapeutic plasma exchange** **Frequency:** Once **Priority:** Routine
Question(s):
Access:

☑ **Exchange Fluid - albumin human 5 % 1000 mL** **Dose:** 1000 mL **Route:** intravenous **Frequency:** once
Question(s):
Indication: ○ Other
Specify: For plasma exchange

☐ **Prepare fresh frozen plasma** **Frequency:** Blood - Once **Frequency Limit:** 1 Occurrences **Start Date:** S **Priority:** Routine **Specimen Type:** Blood
Question(s):
Transfusion Indications:
Transfusion date:

☐ **Transfuse fresh frozen plasma** **Frequency:** Transfusion **Start Date:** S **Priority:** Routine
Question(s):
Transfusion duration per unit (hrs):

☑ **Priming solution - sodium chloride 0.9 % infusion** **Dose:** 1000 mL **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Priming solution

☑ **Anticoagulant solution - anticoagulant citrate dextrose (ACD) irrigation** **Dose:** 750 mL **Route:** extracorporeal **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
Not for IV Use. For Extracorpeal Use ONLY. Must be given with calcium infusion.

☐ **RBC Exchange**

☑ **Red blood cell exchange** **Frequency:** Once **Priority:** Routine
Question(s):
Access:

☑ **Prepare RBC** **Frequency:** Once **Start Date:** S **Priority:** Routine **Specimen Type:** Blood
Question(s):
Transfusion Indications:
Transfusion date:

☑ **Transfuse RBC** **Start Date:** S **Priority:** Routine
Question(s):
Transfusion duration per unit (hrs):

Sign:_____ **Printed Name:**_____
Date/Time:_____

☑ **sodium chloride 0.9 % infusion Dose:** 1000 mL **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Priming solution

☑ **anticoagulant citrate dextrose (ACD) irrigation Dose:** 750 mL **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
Not for IV Use. For Extracorpeal Use ONLY. Must be given with calcium infusion.

☐ **WBC Reduction**

☑ **WBC reduction Frequency:** Once **Priority:** Routine
Question(s):
Access:

☑ **Priming solution: sodium chloride 0.9 % infusion Dose:** 1000 mL **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Priming solution

☑ **Anticoagulant solution: anticoagulant citrate dextrose (ACD) irrigation Dose:** 750 mL **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
Not for IV Use. For Extracorpeal Use ONLY. Must be given with calcium infusion.

☐ **Platelet Reduction**

☑ **Platelet reduction Frequency:** Once **Priority:** Routine
Question(s):
Access:

☑ **Priming solution: sodium chloride 0.9 % infusion Dose:** .9 **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Priming solution

☑ **Anticoagulant solution: anticoagulant citrate dextrose (ACD) irrigation Dose:** 750 mL **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
Not for IV Use. For Extracorpeal Use ONLY. Must be given with calcium infusion.

☐ **LDL Apheresis**

☑ **LDL apheresis Frequency:** Once **Priority:** Routine
Question(s):
Access:

☑ **sodium chloride 5 % (HYPERTONIC) for LDL Apheresis Dose:** 3 **Route:** extracorporeal **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
Final Concentration = 5% HYPERTONIC Saline. NOT FOR IV USE!!
Product Admin Instructions:
Final Volume = 500 mL. For LDL Apheresis Use ONLY!

☑ **lactated ringer's infusion Dose:** 1000 mL **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences

☑ **HEParin (porcine) injection Dose:** 30000 Units **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
Draw up into syringe. Given extracorporeal.

ACD - HMH Only

☐ **Anticoagulant solution - anticoagulant citrate dextrose (ACD) irrigation Dose:** 750 mL **Route:** extracorporeal **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
Not for IV Use. For Extracorpeal Use ONLY. Must be given with calcium infusion.

Sign:_____ **Printed Name:**_____
Date/Time:_____

Pre-Procedure

Local Anesthetics

○ **lidocaine PF 1% (XYLOCAINE) injection Dose:** 0.3 mL **Route:** injection **Frequency:** PRN **Frequency Limit:** 2 Occurrences
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Specify Site: ***

○ **buffered lidocaine 1% injection Dose:** 0.3 mL **Route:** injection **Frequency:** PRN **Frequency Limit:** 2 Occurrences
Admin Instructions:
Specify Site: ***

Local Anesthetics

○ **lidocaine PF 1% (XYLOCAINE) injection Dose:** 0.3 mL **Route:** injection **Frequency:** PRN **Frequency Limit:** 2 Occurrences
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Specify Site: ***

○ **lidocaine 2% buffered with 8.4% sodium bicarbonate injection Dose:** 0.3 mL **Route:** injection **Frequency:** PRN **Frequency Limit:** 2 Occurrences

Antihistamine / Anti-Inflammatory

☐ **diphenhydrAMINE (BENADRYL) injection Dose:** 25 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication(s) for Once Reason:

☐ **methylPREDNISolone sodium succinate (Solu-MEDROL) injection Dose:** 40 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences

Antiemetics

○ **ondansetron ODT (ZOFRAN-ODT) disintegrating tablet - 4 mg Dose:** 4 mg **Route:** oral **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if patient is able to tolerate oral medication.
Product Admin Instructions:
May cause QTc prolongation.

○ **ondansetron (ZOFRAN) injection - 4 mg Dose:** 4 mg **Route:** intravenous **Frequency:** once PRN **PRN Reasons:** nausea vomiting
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
Product Admin Instructions:
May cause QTc prolongation.

○ **promethazine (PHENERGAN) injection Dose:** 12.5 mg **Route:** intravenous **Frequency:** once PRN **PRN Reasons:** nausea vomiting
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

○ **promethazine (PHENERGAN) tablet - 12.5 mg Dose:** 12.5 mg **Route:** oral **Frequency:** once PRN **PRN Reasons:** nausea vomiting
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

○ **promethazine (PHENERGAN) suppository - 12.5 mg Dose:** 12.5 mg **Route:** rectal **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

Sign:_____ **Printed Name:**_____
Date/Time:_____

◯ **ondansetron ODT (ZOFRAN-ODT) disintegrating tablet - 4 mg** **Dose:** 4 mg **Route:** oral **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if patient is able to tolerate oral medication.
Product Admin Instructions:
May cause QTc prolongation.

◯ **ondansetron (ZOFRAN) 4 mg/2 mL injection - 4 mg** **Dose:** 4 mg **Route:** intravenous **Frequency:** once PRN **Priority:** STAT **PRN Reasons:** nausea
vomiting
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
Product Admin Instructions:
May cause QTc prolongation.

◯ **promethazine (PHENERGAN) injection** **Dose:** 12.5 mg **Route:** intravenous **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

◯ **promethazine (PHENERGAN) tablet - 12.5 mg** **Dose:** 12.5 mg **Route:** oral **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

◯ **promethazine (PHENERGAN) suppository - 12.5 mg** **Dose:** 12.5 mg **Route:** rectal **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

◯ **ondansetron ODT (ZOFRAN-ODT) disintegrating tablet - 4 mg** **Dose:** 4 mg **Route:** oral **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if patient is able to tolerate oral medication.
Product Admin Instructions:
May cause QTc prolongation.

◯ **ondansetron (ZOFRAN) 4 mg/2 mL injection - 4 mg** **Dose:** 4 mg **Route:** intravenous **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
Product Admin Instructions:
May cause QTc prolongation.

◯ **promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB - 12.5 mg** **Dose:** 12.5 mg **Route:** intravenous **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

◯ **promethazine (PHENERGAN) tablet - 12.5 mg** **Dose:** 12.5 mg **Route:** oral **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

Sign:_____ **Printed Name:**_____
Date/Time:_____

○ **promethazine (PHENERGAN) suppository - 12.5 mg** **Dose:** 12.5 mg **Route:** rectal **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antipyretic

☐ **acetaminophen (TYLENOL) tablet** **Dose:** 325 mg **Route:** oral **Frequency:** once PRN **Frequency Limit:** 2 Occurrences **PRN Reasons:** fever
Question(s):
Allowance for Patient Preference:
Indication(s) for Once Reason:
Product Admin Instructions:
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

Hypocalcemia Prophylaxis or Treatment

○ **calcium gluconate injection (100 mg/mL)** **Dose:** 0.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
To be given by Apheresis Tech/RN
Product Admin Instructions:
Administer at 1.5 mL/minute (150 mg/minute) or less to avoid adverse effects.

○ **calcium gluconate injection (100 mg/mL)** **Dose:** 1 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
To be given by Apheresis Tech/RN
Product Admin Instructions:
Administer at 1.5 mL/minute (150 mg/minute) or less to avoid adverse effects.

Catheter Clearance

☐ **alteplase (TPA) for NON Quinton and Hemodialysis Catheters 1 mg** **Dose:** 1 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Product Admin Instructions:
Alteplase is to be instilled into the catheter then removed and NOT flushed into the patient.

Catheter Clearance

☐ **alteplase (CATHFLO) for NON Quinton and Hemodialysis Catheters 1 mg** **Dose:** 1 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Product Admin Instructions:
Alteplase is to be instilled into the catheter then removed and NOT flushed into the patient.1 mg dose of Cathflo is for NON Quinton and Hemodialysis Catheter Clearance

During Procedure

Antihistamine / Anti-Inflammatory

☐ **diphenhydrAMINE (BENADRYL) injection** **Dose:** 25 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication(s) for Once Reason:

☐ **methylPREDNISolone sodium succinate (Solu-MEDROL) injection** **Dose:** 40 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences

Antiemetics

○ **ondansetron ODT (ZOFRAN-ODT) disintegrating tablet - 4 mg** **Dose:** 4 mg **Route:** oral **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if patient is able to tolerate oral medication.
Product Admin Instructions:
May cause QTc prolongation.

Sign:_____ **Printed Name:**_____
Date/Time:_____

◯ **ondansetron (ZOFRAN) injection - 4 mg** **Dose:** 4 mg **Route:** intravenous **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
Product Admin Instructions:
May cause QTc prolongation.

◯ **promethazine (PHENERGAN) injection** **Dose:** 12.5 mg **Route:** intravenous **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

◯ **promethazine (PHENERGAN) tablet - 12.5 mg** **Dose:** 12.5 mg **Route:** oral **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

◯ **promethazine (PHENERGAN) suppository - 12.5 mg** **Dose:** 12.5 mg **Route:** rectal **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

◯ **ondansetron ODT (ZOFRAN-ODT) disintegrating tablet - 4 mg** **Dose:** 4 mg **Route:** oral **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if patient is able to tolerate oral medication.
Product Admin Instructions:
May cause QTc prolongation.

◯ **ondansetron (ZOFRAN) 4 mg/2 mL injection - 4 mg** **Dose:** 4 mg **Route:** intravenous **Frequency:** once PRN **Priority:** STAT **PRN Reasons:** nausea
vomiting
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
Product Admin Instructions:
May cause QTc prolongation.

◯ **promethazine (PHENERGAN) injection** **Dose:** 12.5 mg **Route:** intravenous **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

◯ **promethazine (PHENERGAN) tablet - 12.5 mg** **Dose:** 12.5 mg **Route:** oral **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

◯ **promethazine (PHENERGAN) suppository - 12.5 mg** **Dose:** 12.5 mg **Route:** rectal **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

Sign:_____ **Printed Name:**_____
Date/Time:_____

○ **ondansetron ODT (ZOFRAN-ODT) disintegrating tablet - 4 mg** **Dose:** 4 mg **Route:** oral **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if patient is able to tolerate oral medication.
Product Admin Instructions:
May cause QTc prolongation.

○ **ondansetron (ZOFRAN) 4 mg/2 mL injection - 4 mg** **Dose:** 4 mg **Route:** intravenous **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
Product Admin Instructions:
May cause QTc prolongation.

○ **promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB - 12.5 mg** **Dose:** 12.5 mg **Route:** intravenous **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

○ **promethazine (PHENERGAN) tablet - 12.5 mg** **Dose:** 12.5 mg **Route:** oral **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

○ **promethazine (PHENERGAN) suppository - 12.5 mg** **Dose:** 12.5 mg **Route:** rectal **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antipyretic

☐ **acetaminophen (TYLENOL) tablet** **Dose:** 325 mg **Route:** oral **Frequency:** once PRN **Frequency Limit:** 2 Occurrences **PRN Reasons:** fever
Question(s):
Allowance for Patient Preference:
Indication(s) for Once Reason:
Product Admin Instructions:
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

Hypocalcemia Prophylaxis or Treatment

○ **calcium gluconate injection (100 mg/mL)** **Dose:** 0.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
To be given by Apheresis Tech/RN
Product Admin Instructions:
Administer at 1.5 mL/minute (150 mg/minute) or less to avoid adverse effects.

○ **calcium gluconate injection (100 mg/mL)** **Dose:** 1 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
To be given by Apheresis Tech/RN
Product Admin Instructions:
Administer at 1.5 mL/minute (150 mg/minute) or less to avoid adverse effects.

Post-Procedure

Antihistamine / Anti-Inflammatory

☐ **diphenhydrAMINE (BENADRYL) injection** **Dose:** 25 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication(s) for Once Reason:

Sign:_____ **Printed Name:**_____
Date/Time:_____

☐ **methylPREDNISolone sodium succinate (Solu-MEDROL) injection** **Dose:** 40 mg **Route:** intravenous **Frequency:** once
Frequency Limit: 1 Occurrences

Antiemetics

○ **ondansetron ODT (ZOFRAN-ODT) disintegrating tablet - 4 mg** **Dose:** 4 mg **Route:** oral **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if patient is able to tolerate oral medication.
Product Admin Instructions:
May cause QTc prolongation.

○ **ondansetron (ZOFRAN) injection - 4 mg** **Dose:** 4 mg **Route:** intravenous **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
Product Admin Instructions:
May cause QTc prolongation.

○ **promethazine (PHENERGAN) injection** **Dose:** 12.5 mg **Route:** intravenous **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

○ **promethazine (PHENERGAN) tablet - 12.5 mg** **Dose:** 12.5 mg **Route:** oral **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

○ **promethazine (PHENERGAN) suppository - 12.5 mg** **Dose:** 12.5 mg **Route:** rectal **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

○ **ondansetron ODT (ZOFRAN-ODT) disintegrating tablet - 4 mg** **Dose:** 4 mg **Route:** oral **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if patient is able to tolerate oral medication.
Product Admin Instructions:
May cause QTc prolongation.

○ **ondansetron (ZOFRAN) 4 mg/2 mL injection - 4 mg** **Dose:** 4 mg **Route:** intravenous **Frequency:** once PRN **Priority:** STAT **PRN Reasons:** nausea
vomiting
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
Product Admin Instructions:
May cause QTc prolongation.

○ **promethazine (PHENERGAN) injection** **Dose:** 12.5 mg **Route:** intravenous **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

Sign:_____ **Printed Name:**_____
Date/Time:_____

○ **promethazine (PHENERGAN) tablet - 12.5 mg** **Dose:** 12.5 mg **Route:** oral **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

○ **promethazine (PHENERGAN) suppository - 12.5 mg** **Dose:** 12.5 mg **Route:** rectal **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

○ **ondansetron ODT (ZOFRAN-ODT) disintegrating tablet - 4 mg** **Dose:** 4 mg **Route:** oral **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if patient is able to tolerate oral medication.
Product Admin Instructions:
May cause QTc prolongation.

○ **ondansetron (ZOFRAN) 4 mg/2 mL injection - 4 mg** **Dose:** 4 mg **Route:** intravenous **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
Product Admin Instructions:
May cause QTc prolongation.

○ **promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB - 12.5 mg** **Dose:** 12.5 mg **Route:** intravenous **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

○ **promethazine (PHENERGAN) tablet - 12.5 mg** **Dose:** 12.5 mg **Route:** oral **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

○ **promethazine (PHENERGAN) suppository - 12.5 mg** **Dose:** 12.5 mg **Route:** rectal **Frequency:** once PRN **PRN Reasons:** nausea
vomiting
Admin Instructions:
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antipyretic

☐ **acetaminophen (TYLENOL) tablet** **Dose:** 325 mg **Route:** oral **Frequency:** once PRN **Frequency Limit:** 2 Occurrences **PRN Reasons:** fever
Question(s):
Allowance for Patient Preference:
Indication(s) for Once Reason:
Product Admin Instructions:
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

Hypocalcemia Prophylaxis or Treatment

○ **calcium gluconate injection (100 mg/mL)** **Dose:** 0.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
To be given by Apheresis Tech/RN
Product Admin Instructions:
Administer at 1.5 mL/minute (150 mg/minute) or less to avoid adverse effects.

Sign:_____ **Printed Name:**_____
Date/Time:_____

○ **calcium gluconate injection (100 mg/mL)** **Dose:** 1 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
To be given by Apheresis Tech/RN
Product Admin Instructions:
Administer at 1.5 mL/minute (150 mg/minute) or less to avoid adverse effects.

Catheter Packing

☐ **sodium chloride 0.9 % flush** **Dose:** 10 mL **Route:** intra-catheter **Frequency:** once PRN **PRN Reasons:** line care
Question(s):
Indication(s) for Once Reason:

☐ **HEParin, porcine (PF) injection** **Dose:** 100 Units **Route:** intra-catheter **Frequency:** once PRN **PRN Reasons:** line care

Labs

Pre-Procedure

☐ **CBC hemogram** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Primary Ordering Comments:
CBC only; Does not include a differential

☐ **Comprehensive metabolic panel** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Prothrombin time with INR** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Partial thromboplastin time** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Primary Ordering Comments:
Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

☐ **Fibrinogen** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Ionized calcium** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Primary Ordering Comments:
Deliver specimen immediately to the Core Laboratory.

☐ **Lactate dehydrogenase, LDH** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Hemoglobinopathy evaluation** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **ADAMTS-13 - Misc referral test** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Maximum Quantity:** 3
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
Process Instructions:
Enter Miscellaneous Test Name in the Comments section.

Post-Procedure

☐ **CBC hemogram** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Primary Ordering Comments:
CBC only; Does not include a differential

☐ **Hemoglobinopathy evaluation** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **HLA antibody testing - pre transplant** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Comments: Collect 2 Red Top (10ml) Single Antigen Bead (SAB)
Primary Ordering Comments:
Collect 1 Red Top tube (6 mL)

{HM IP HLAA LAB OPTIONS:28669}

☐ **HLA antibody screen - post transplant** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Comments: Collect 2 Red Top (10ml) Donor Specific Antigen (DSA)
Primary Ordering Comments:
Collect 1 Red Top tube (6 mL)

{HLAA Post Options:29256}

Sign:_____ **Printed Name:**_____
Date/Time:_____