

# Hospital Approved Consent Form Required

## SAMPLE THERAPEUTIC LEUKAPHERESIS ORDERS

When ordering Leukapheresis, please consider the following orders:

\*Items *italicized* and with an "\*" are standard orders.

### 1) PROCEDURE TARGET:

- \*Volume: 2 x TBV [ ] Other: \_\_\_\_\_

### 2) FREQUENCY OF PROCEDURE:

- \*Daily until WBC count < \_\_\_\_\_ [ ] Other: \_\_\_\_\_

### 3) ANTICOAGULATION:

- \*ACD-A
- [ ] Other: \_\_\_\_\_

### 4) MEDICATION ORDERS:

CA Gluconate to prevent citrate reaction symptoms

- CA Gluconate 10%: \_\_\_\_\_ grams/\_\_\_\_\_ ml normal saline IV piggyback PRN citrate reaction
- CA Gluconate 10%: \_\_\_\_\_ grams/\_\_\_\_\_ ml normal saline during treatment

### 5) CENTRAL VENOUS ACCESS CARE:

- \*Flush each lumen of catheter with 10 ml NS followed by Heparin \_\_\_\_\_ ml + NS ml to equal internal volume of each lumen
- Flush each lumen of catheter with 10 ml of NS followed by \_\_\_\_\_ ml ACD-A to equal the internal volume of each lumen
- [ ] Other: \_\_\_\_\_

### 6) LABORATORY ORDERS:

- Pre-procedure: CBC with platelet count
- Post-procedure: CBC with platelet count
- [ ] Other: \_\_\_\_\_

### 7) STANDING ORDERS:

- ✓ \*2 CaCO<sub>3</sub> tablets (e.g. Tums) PO PRN every 30 minutes for citrate symptoms
- ✓ \*Notify MD for BP < 90/50 mm Hg or > 180/100 mm Hg and for pulse rate < 50 min or > 150 min
- ✓ \*NS IV: 250 ml x 2 and/or 250 ml 5% albumin for hypotension (BP systolic < 90 mm Hg) PRN
- ✓ \*Use Blood Warmer
- ✓ \*Normal Saline: 1 - 2 L to prime, rinse-back and infuse during treatment