



Nephrology

Leukopheresis (WBC Depletion) Orders

Directions: 1. Indicate choice when options are available by placing a check in the box [checked]
2. Mark through entire line any prechecked item you do not wish to order [checked mark through]

Attending Physician: _____ Diagnosis: _____

[] Observation Status [] Admission for Inpatient Care [] Admit or transfer to: _____ Unit

ALLERGIES: [] NKA ALLERGIC to:

[checked] LEUKOPHERESIS:

- [] STAT
[] Today
[] Tomorrow
[] Blood volume to be processed: patient's calculated total blood volume (TBV) x _____ (#)
(machine defaults to 2)
[] Other: _____

VITAL SIGNS:

[checked] Vital signs per unit protocol

MEDICATIONS:

- [] ACD (Anticoagulant Citrate Dextrose) Solution A (provides Citrate concentration of 21.4 mg/ml)
[] Calcium Gluconate 10% IV _____ ml per _____ hour(s) throughout treatment: Pharmacy to send _____ mg
[] Calcium Chloride 10% 10 ml IV push over 10 minutes per infusion pump PRN if during treatment STAT Ionized Calcium is less than 0.9 mmol/liter (DO NOT SEND)

LABORATORY:

Confirm labs done and check only those that require ordering with treatment start:

- [] CBC with differential
[] Hemoglobin and hematocrit (result must be within 2 hours of treatment start)
[] Ionized Calcium STAT
[] PT/INR STAT, indication: line placement
[] aPTT STAT, indication: line placement
[] HBsAg (result is NOT necessary prior to treatment start)
[] Other: _____

Laboratory studies required during treatment (check all that apply):

- [] Ionized Calcium STAT every _____ minutes during treatment
[checked] Ionized Calcium STAT PRN for signs/symptoms of tetany during treatment
[] Other: _____

ADDITIONAL ORDERS:

Four horizontal lines for additional orders.

Physician _____ Pager _____ Date ____/____/____ Time: _____

[] Verbal Order Verification Signature _____ Date ____/____/____ Time: _____