Cabell Huntington Hospital

Hematology/Oncology
Pre Leukopheresis (WBC depletion) Orders

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

Attending Physician: Diagnosis:

☐Observation Status ☐Admission for Inpatient Care ☐Admit or transfer to:_____Unit

ALLERGIES: ☐NKA **ALLERGIC to:**

VITAL SIGNS:

☑ Vital signs per unit protocol

LABORATORY: (following lab orders are to be ordered/resulted PRIOR to treatment starting)

☑ CBC with differential (hemoglobin and hematocrit 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)

☑ Albumin 5% 500 ml one bottle at bedside prior to treatment start (to be returned to Blood Bank after treatment if not needed)

☐ Other: _____

COMMUNICATION:

☑ Verify Informed Consent for Leukopheresis (WBC Depletion) with Possible Administration of Blood/Blood Products (CHH#1434) has been obtained

CONSULTS:

☑ Consult Marshall University Nephrology, indication: leukopheresis

☑ Consult Interventional Radiologist (Special Procedures), indication Vas Cath placement

ADDITIONAL ORDERS:

Physician Pager Date_____/_____/_____Time:

☐ Verbal Order Verification Signature Date_____/_____/_____Time:

Patient Identification