

CARTER BLOODCARE PLASMAPHERESIS ORDERS

- Same day, admit for plasmapheresis
- Obtain consent for plasma exchange series
- Obtain type and screen if plasma products are being used
- Notify Blood Bank to confirm type, screen and product availability
- Prior to each exchange, obtain height and weight
- At 0430 on the day of exchange, draw the following blood work:
 - CBC with differential and platelet count
 - Comprehensive metabolic profile
 - PT, INR and PTT, Fibrinogen, Every Lab

Place Patient Label Here

- Plasma exchange _____ liters (1 plasma volume exchange = TBV x [1-Hct] to be replaced with):

Males: $0.006012 \times \text{ht}^3 (\text{inches}) + 14.6 \times \text{wt. (pounds)} + 640 = \text{TBV}$
Females: $0.005835 \times \text{ht}^3 (\text{inches}) + 15 \times \text{wt. (pounds)} + 183 = \text{TBV}$

- _____ mL 5% Albumin
- 1000 mL 9% NS (for machine set up or prime)
- _____ mL FFP, Cryo Poor Plasma (**Circle replacement fluid to be used**)
- _____ gm calcium gluconate or calcium chloride in 100 mL of NS
- _____ Heparin unit/mL to pack catheter post treatment

- Give Diphenhydramine (Benadryl) 50 mg IV push x 1 for an urticarial reaction to blood product or 5 minutes prior to the transfusion of FFP x 1 if the patient has a history of previous urticarial reactions
- For severe non-hemolytic transfusion reactions (chills, fever), in addition to the Diphenhydramine (Benadryl), give 50 mg of MethylPREDNISolone (Solumedrol) IV push x 1
- If the patient's pre-procedure serum K⁺ is less than 3.5 mmol/L, notify the attending physician (suggested replacement is 20 Eq/L of KCl to NS replacement volume and infuse in 100 mL increments throughout procedure)
- For signs and symptoms of citrate toxicity:
 - Slow BFR and AC rate and administer calcium carbonate (TUMS) 500 mg
 - 1 tablet or 2 tablets p.o. x 1
 - If no relief, stop procedure and keep vein open (KVO) at 21 mL/hour with NS for 3 – 5 minutes
 - If symptoms persist, infuse 100 mL NS containing 1 vial (10 mL) of 10% calcium gluconate
 - If no relief, discontinue procedure
- Monitor ECG throughout procedure
- Post procedure, obtain STAT platelet count if the precount is less than 50,000 and a PT, PTT if bleeding problems occurred during procedure or prolonged oozing post procedure
- Medication Post Plasmapheresis:
 - MethylPREDNISolone (Solumedrol) _____ mg IV x1
 - Other Medications: _____

Number of Treatments and Frequency

Ok to Use Line for Plasmapheresis Provided By: _____

Physician Signature: _____

Date: _____

Additional Patient Information (e.g., patient discharged after procedure, need AM procedure):

Please send a copy of the completed form to Carter BloodCare Clinical Apheresis Services, Hospital Blood Bank and Lab Services.

CAS Office Number: 972-788-0650

CAS Fax Number: 972-664-9409