

Photopheresis treatment every 2 weeks

Protocol Types

Photopheresis

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Orders

	Interval	Defer Until	Duration
Appointment Requests			
☒ Infusion Appointment Request	Every 2 weeks		Until discontinued
Status: Future, Expected: S, Expires: S+365, Sched. Duration: 360 minutes, Sched. Tolerance: Schedule appointment at most 1 days before or at most 1 days after			
Labs			
☒ OP LABS CBC+DIFF / CMP / HCG URINE			
☒ CBC and differential	Every visit		Until discontinued
Status: Future, Expected: S, Expires: S+366, Clinic Collect, Blood, Venous, Blood, Routine			
☒ Comprehensive metabolic panel	Every visit		Until discontinued
Status: Future, Expected: On or around S, Expires: S+366, Clinic Collect, Blood, Venous, Blood, Routine			
☐ hCG, urine, qualitative	Every visit		Until discontinued
Status: Future, Expected: S, Expires: S+366, Lab Collect, Urine, Clean Catch, Urine			
Selection conditions: Patient could become pregnant			
Pre-Medications			
☒ acetaminophen (TYLENOL) tablet 650 mg	Every visit		Until discontinued
650 mg, oral, Every 4 hours PRN, mild pain (scale 1-3), Until Discontinued			
☒ heparin in sodium chloride 0.9 % 500 mL IVPB	Every visit		Until discontinued
(for apheresis)			
in vitro, Once, Starting when released			
Use to prime the photopheresis machine.			
Nursing Orders			
☒ Nursing communication	Every visit		Until discontinued
Until discontinued Starting when released Until Specified			
Instructions: Obtain and document baseline vital signs (temperature, heart rate, blood pressure). Repeat vital signs as needed during procedure at points of maximum extracorporeal volume and upon completion of procedure.			
☒ Nursing communication	Every visit		Until discontinued
Until discontinued Starting when released Until Specified			
Instructions: Call attending physician for: systolic blood pressure that remains LESS than 90 mmHg, heart rate LESS than 60 bpm OR GREATER than 120 bpm, or temperature GREATER than 100.5 degrees Fahrenheit.			
☒ Nursing communication	Every visit		Until discontinued

	Interval	Defer Until	Duration
Until discontinued Starting when released Until Specified Instructions: Discharge patient when systolic blood pressure is GREATER than 90 mmHg and the patient is physically stable to ambulate.			
☒ Nursing communication	Every visit		Until discontinued
Until discontinued Starting when released Until Specified Instructions: For hemoglobin LESS than 9 grams/dL, transfuse 2 units of PRBC over 120 minutes prior to starting photopheresis.			
Procedure			
☒ Photopheresis	Every 2 weeks		Until discontinued
Routine, Once Starting when released Initiate photopheresis per provider instructions.			
Therapeutic Medications			
☒ sodium chloride 0.9 % bolus 250 mL	Every visit		Until discontinued
250 mL, intravenous, Once, Starting when released			
Post-Medications			
☒ heparin flush injection 300 Units	Every visit		Until discontinued
300 Units, intra-catheter, Once, Starting when released			

*Provider signature

Provider printed name

*Date

Time

*Provider phone#

***Denotes field that must be completed by healthcare worker**