Adventist Health

PHOTOPHERESIS TWICE WEEKLY

Photopheresis 2 treatments every week

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	2 times a week		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 (for apheresis)	Every visit		Until discontinued
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 temperate 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 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.	Every visit		Until discontinued

Procedure

☑ Photopheresis Routine, Once Starting when released Initiate photopheresis per provider instructions.	2 times a week		Until discontinued

Therapeutic Medications

☑ sodium chloride 0.9 % bolus 250 mL 250 mL, intravenous, Once, Starting when released	Every visit		Until discontinued

Post-Medications

☑ heparin flush injection 300 Units 300 Units, intra-catheter, Once, Starting when released	Every visit		Until discontinued

*Provider signature Provider printed name *Date Time

*Provider phone#

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