University of Michigan Hospitals
Apheresis Service

Name: _____ **Location**: _____

CPI#: _____ **Age**: _____ **(M/F)**

House Officer (Name/pager): _____

Attending (Name/pager) _____

Procedure Requested: _____

Reason/Recent PMH: _____

_____

_____

Medical History: BP: _____ Pulse: _____ Height: _____ Weight: _____

Allergies: _____ Hx Transfusion?/Rxn?: _____

Neuro: alert/cooperative _____

Cardiac: _____

Pulmonary: _____

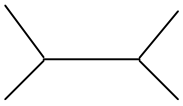
Renal: _____

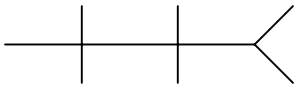
Hematology: Bleeding risk with citrate/plt loss? _____

Venous Access (circle/see back): Peripheral Dialysis Catheter A-V fistula (CRF)

Pertinent Laboratories:

CBC: Electrolytes:





ABO/Rh _____

PT/PTT _____

Total Protein _____

Albumin _____

Ionized Ca++ _____

Other (ex LDH): _____

_____

Medications**: _____

_____

_____

****STOPPED**: **ACE-Inhibitors** (Lotensin/Benazepril, Capoten/Captopril, Vasotec/ Enalopril, Monopril/ Fosinopril, Zestril/Prinivil/Linsinopril, Accupril/Quinapril, Univasc/Moesipril, Altace/Ramipril, Movik/Trandolopril)

Diabetic, patient receiving insulin? eat prior to procedure? (risk for hypoglycemia)

Other: *Hold next dose until after procedure*, since these drugs may be removed with TPEX or may aggravate patient's medical condition. For example, try holding antihypertensives since hypotension already risk of TPEX.

Protein-bound Drugs: Dilantin, Valproic Acid, Vincristine, Cisplatin, Digitoxin, Warfarin, Diuretics, Synthetic Penicillin, Oral hypoglycemics,

Immune-based Drugs: thymoglobulin, ATGAM, IVIgG, etc..

Pheresis Orders

Emergent (As Soon As Possible)	*Urgent (within 24 hours)*
Acute TTP/HUS	recovering TTP/HUS
Symptomatic Hyperviscosity	Acute Guillain-Barre Syndrome
Symptomatic Hyperleukocytosis (AML)	Asymptomatic Hyperviscosity
Thrombocytosis (>750K) with bleeding	plasma viscosity>4 or IgM>3gm
Or thrombosis or platelets >1.5million	Acute Vascular Rejection Kidney
Goodpastures with active pulmonary hemorrhage	Bx + or PRA+ or crossmatch+
Acute Vascular Rejection Heart (biopsy +)	FSGS post-kidney transplant

Venous Access

Peripheral Access:	*Central access Required*
1. Patient alert, cooperative, adequate	Poor venous access, intubated,
bilateral anticubital access (16 gauge needles)	noncooperative, daily procedures
**placed by apheresis nurses NOT floor!!	**Require: dialysis double lumen catheter
2. A-V fistula in chronic dialysis patient	Sorenson or Quintan dialysis catheter

Therapeutic Apheresis/Cytopheresis

Indication:	**Replacement**:	**Frequency**	**Laboratories**
TTP/HUS	FFP/CPP	q Day	ABO type, pre-CBC, LDH,Bun/Cr
Acute rej. Liver	2 liters FFP	q Day x 3	(Pre-HLA, ABO if indicated)*
Goodpastures with	+ albumin		
Active hemorrhage	1 plasma vol	q O Day	Pre/post Fibr
TPEX + bleeding*			Pre/post Fibr
Waldenstroms		qODay x 3-6	Pre/Post Fibr,IgM,viscosity,TP,alb
FSGS		3 q wk x 9-10	Pre/Post Fibr
TPEX, elderly	100% albumin	q O Day	Pre/Post Fibr,TP,alb
TPEXw/↓↓TP	1 plasma vol		Pre/post Fibr, alb
(TPEX w/↓↓Na+)*			Pre/Post Fibr
MG,GBS,CIDP		q O Day	Pre/Post Fibr
Trnsplt Rejection		qDx2,qoDx3	Pre/Post Fibr
Goodpastures	saline/albumin	q O Day (!)	Pre/Post Fibr
Cryoglobulin	1 plasma vol	1-2x*	Pre/Post Fibr, cryocrit
Multiple Myeloma		q O D 1-2x	Pre/Post Fibr, TP, alb, Quant. Ig [G/A/M] & viscosity (if needed)
Sickle Cell*	LP-RBC (Adsol)		
Acute Chest	10-14 days old		Current Type & Cross
Stroke	Sickedex neg	Once only	Pre/Post CBC, ionized Ca++
Priapism	Final Hct=30%		Pre/Post Hgb electrophoresis
	FCR=30%		Post K+
Cytoreduction			Pre/Post CBC (w diff-WBC)
AML/rare ALL*	None	Once	Post WBC&diff –bag (WBC)
Thrombocytosis	2 blood vol		Post Plt cnt-bag (Plt reduct)
Polycythemia			

*call BB attending