

Outpatient BMT PBSC Orders

Date _____

Patient/Donor Name _____

DOB _____

Diagnosis _____

MRN _____

Recipient Name and second identifier (if not donor) _____

1. Procedure: Peripheral blood stem cell (PBSC) collection on _____ (date).

Collect PBSC's for 6 hours of processing. Time may be adjusted after CD34 available.

Adjusted to: _____ hours _____ Liters _____ TBV Processed

Per verbal order from: MEA LAW JLH (circle one)

Time not adjusted

2. Calcium (Ca) replacement: Prepare Calcium replacement fluid to be run continuously throughout procedure.

5 grams Calcium Gluconate in 250 ml normal saline (20 mg/ml)

1.6 grams Calcium Chloride in 250 ml normal saline

Infuse at 70 ml/hr. May increase rate by 10 ml/hr x 2 prn hypocalcemic symptoms.

Discontinue at end of procedure.

3. Line capping: Heparin 1000 units/ml- volume as per each catheter limb (plus 0.1ml overfill each limb).

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