

Outpatient BMT Orders

Patient/Donor Name: _____

DOB: _____

Diagnosis: _____

MRN: _____

Recipient Name and MRN (if not donor) _____

Diagnosis: Peripheral Blood Stem Cell Donor

PBSC/MNC collection _____ (date).

1. **Procedure:** Collect for 6 hours of processing. Time or volume to process may be adjusted after CD34 available.

Adjusted to: _____ Hours _____ Liters _____ TBV Processed

Time not adjusted

2. **Collect Plasma into product.** 100ml minimum product volume for autologous products.

Adjusted to 200ml (pre-procedure peripheral WBC >50)

Add _____ ml to product

Not applicable (no plasma added)

Per verbal order from: MEA MLH TMP LAW (circle one)

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

5 grams Calcium Gluconate in 250 ml normal saline (20mg/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 hypocalcemia symptoms.

Discontinue at end of procedure.

4. **Line capping:** Heparin 1000 units/ml – volume as per each catheter limb plus 0.1ml overfill.

Versiti-MI Provider Signature _____ **Date** _____

M. Elizabeth Atkinson, MD
MI #5315136032

Timothy Pancioli, DO
MI #5101025981

Mason Hutchens, PA-C
MI #5601009853

Lee Ann Weitekamp, MD
MI #5315185082