



**THE UNIVERSITY
OF KANSAS HOSPITAL**

3901 Rainbow Boulevard
Kansas City, Kansas 66160

Do not write in this box

PATIENT LABEL

PHYSICIAN'S ORDER FORM

DATE & TIME	ORDERS TRANSPLANT, ADULT CANCER TREATMENT OUTPATIENT ORDERS
15.	<p>Febrile Management:</p> <ul style="list-style-type: none"> Notify Physician/ARNP for fever = or > 38.1° C oral (or 38.3° tympanic). For the first fever, <ul style="list-style-type: none"> Obtain blood cultures (bacterial and fungal) from all central line lumens and one peripheral site (if possible). Obtain sputum for culture/sensitivity if patient has productive cough Obtain stool culture/sensitivity if indicated. For subsequent fevers, obtain only bacterial blood cultures from each catheter lumen and peripheral site within a 24-hour period or as ordered, x 3 days, then q 48 hours. Obtain blood cultures before administration of acetaminophen or initiation of newly ordered antibiotics. Obtain culture for C. diff, if patient has > 3 loose stools in 24 hour period
16.	<p>Respiratory Therapy: Breathing Treatments _____ q ____ hrs</p> <p>Oxygen Therapy:</p> <ul style="list-style-type: none"> O2 per nasal canula: <input type="checkbox"/> 1L/min <input type="checkbox"/> 2L/min <input type="checkbox"/> 3L/min <input type="checkbox"/> 4L/min <input type="checkbox"/> 6L/min <input type="checkbox"/> other: ____ L/min O2 per mask: <input type="checkbox"/> 2L/min <input type="checkbox"/> 4L/min <input type="checkbox"/> 6L/min <input type="checkbox"/> other: ____ L/min IS every: <input type="checkbox"/> 15 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours
17.	<p>For BMT patients only: ALL BLOOD PRODUCTS EXCEPT STEM CELLS MUST BE IRRADIATED AND LEUKOREDUCED – (Only Allogeneic transplant Recipients that are CMV negative and have a CMV negative donor require CMV negative products.)</p> <p>Blood product support:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Transfuse ____ Unit(s) PRBC for hemoglobin < _____ <input type="checkbox"/> Transfuse ____ Unit Single Donor Platelets for platelets < _____ <input type="checkbox"/> Transfuse ____ Units of Fresh Frozen Plasma <input type="checkbox"/> CMV Negative • leukoreduced • Irradiated <input type="checkbox"/> Sickle cell dex
18.	<p>Pre-medications for blood products:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acetaminophen 650mg po 30 minutes prior to transfusion. <input type="checkbox"/> Diphenhydramine 25mg po or IV 30 minutes prior to transfusion
19.	<p>Transplant Infusion: These products are never irradiated or filtered.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Peripheral Stem Cell <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Cord Blood <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen (to be thawed by Transplant Coordinator and stem cell processing lab)
	<p>Pre-medications for transplant infusion:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acetaminophen 650 mg po x 1 dose to be given 30 minutes prior to infusion. <input type="checkbox"/> Diphenhydramine 50 mg po or IV x 1 dose to be given 30 minutes prior to infusion. <input type="checkbox"/> Methylprednisolone 62.5 mg IV x 1 dose to be given 30 minutes prior to infusion. <input type="checkbox"/> Other: _____
20.	<p>Medications: Antibiotics- See appropriate form*</p>
21.	<p>IV Fluids:</p> <ul style="list-style-type: none"> <input type="checkbox"/> NS at KVO for stem cell infusion <input type="checkbox"/> Other: _____

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22.

Electrolyte Replacement Orders: *To be infused via a central line only*

- Standing order only applies for patients with a serum creatinine \leq 1.5 mg/dL.
- For patients with a serum creatinine > 1.5 mg/dL, check with provider for further management.
 - For K+ = 3.0-3.5 mEq/L, give KCl 40 mEq IV over 4 hours x 1.
 - For K+ < 3.0mEq/L, give KCl 60 mEq IV over 6 hours x 1 and check K+ 30 minutes after completion. If repeat K+ < 3.5mEq/L, give KCl 40 mEq IV over 4 hours x 1 and notify physician/ARNP.
 - For Mg++ < 1.6mEq/L, give Magnesium Sulfate 4gm IV over 2 hours x 1
 - For PO4 ++ < 2.0 mg/dL, give NaPhos 8 mmol IVPB x 1

23.

PRN Medications:

- Oxycodone 5-10mg po q 4 hr prn pain.
- Ondansetron _____mg PO/IV Give Ondansetron 30 minutes prior to scheduled Total Body Irradiation (TBI)
- Lorazepam 0.5-1 mg po/IV q 6-8hr prn anxiety/nausea.
- Alteplase 2 mg IV to central line prn no blood return/difficulty flushing (per protocol)
- Other: _____
- Other: _____

24.

Follow-up appointments/instructions:

- RN call Cancer Center treatment or BMT area for **next day** appt
- Pt call Cancer Center scheduling @ 913-588-3671 for appt
- RN to call report to BMT triage nurse phone line (8-9039) and fax orders to Outpatient BMT 8-1986
Alternate fax number is BMT Treatment Area (8-9055)
- Follow up appointments already scheduled: _____

25.

Other: Patient scheduled for Total Body Irradiation (TBI) at

- _____
- _____

26.

Discharge medications:

27.

Discharge orders/ instructions:

Physician Signature: _____ Pager: _____ Date: _____ Time: _____

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