

# Treatment Plan: *Partial Exchanges*

**Non-Oncology Therapy Plans**

Introduction   Amb Infusion #1   Amb Infusion #2   JHDMR Infusion #1   JHDMR Infusion #2   JHDMR Infusion #3   JHDMR Infusion #4   Specimen Collection

**TRANSFUSE - RBC, PLATELETS, PLASMA TRANSFUSION** ⌵  
 Complete: All due orders have been released

**Prescriber Communication** ⌵

|   |             |                                   |              |                |
|---|-------------|-----------------------------------|--------------|----------------|
| <input checked="" type="checkbox"/> Prescriber communication order<br>Order details<br>1. Place Type and Screen and any other pre-infusion labs through the Meds and Orders navigator section.<br>2. Remove blood products below that are not needed. | Every visit | <input type="radio"/> Every visit | Mon 8/2/2021 | <span>⌵</span> |
|---|-------------|-----------------------------------|--------------|----------------|

**Administration Sequence** ⌵

|  |             |                                   |              |                |
|--|-------------|-----------------------------------|--------------|----------------|
| <input checked="" type="checkbox"/> Administration Sequence<br>Order details<br>Provider to enter administration sequence. | Every visit | <input type="radio"/> Every visit | Mon 8/2/2021 | <span>⌵</span> |
|--|-------------|-----------------------------------|--------------|----------------|

**Prepare Blood Products** ⌵

|  |             |                                   |              |                |
|--|-------------|-----------------------------------|--------------|----------------|
| <input checked="" type="checkbox"/> Prepare Leukoreduced Red Blood Cells (Crossmatch), 2 Units<br>Prepare 2 Units<br>Special Requirements: No Requirements | Every visit | <input type="radio"/> Every visit | Sun 8/1/2021 | <span>⌵</span> |
|--|-------------|-----------------------------------|--------------|----------------|

**Transfuse Products** ⌵

|  |             |                                   |              |                |
|--|-------------|-----------------------------------|--------------|----------------|
| <input checked="" type="checkbox"/> ADULT Phlebotomy before Transfusion Start<br>Routine<br>Please remove the following amount of blood prior to transfusion:<br>If Hgb > 8, then remove 400 mL (discuss with authorized prescriber if Hgb <7g/dl before beginning phlebotomy) | Every visit | <input type="radio"/> Every visit | Mon 8/2/2021 | <span>⌵</span> |
| <input checked="" type="checkbox"/> Transfuse RBC, 2 Units<br>Routine, Transfuse 2 Units   | Every visit | <input type="radio"/> Every visit | Mon 8/2/2021 | <span>⌵</span> |

**Nursing Orders** ⌵

|  |             |                                   |              |                |
|--|-------------|-----------------------------------|--------------|----------------|
| <input checked="" type="checkbox"/> Central Venous Access Line, Maintain per VAD Protocol<br>Order details<br>If available, nursing may access central access for infusion. Flush line per protocol post-infusion. | Every visit | <input type="radio"/> Every visit | Mon 8/2/2021 | <span>⌵</span> |
| <input checked="" type="checkbox"/> Implanted Port Access per VAD Protocol<br>Order details<br>If available, nursing may access port for infusion. Flush per protocol post-infusion.                               | Every visit | <input type="radio"/> Every visit | Mon 8/2/2021 | <span>⌵</span> |
| <input checked="" type="checkbox"/> Insert Peripheral IV<br>Routine, Clinic Performed<br>Insert Peripheral IV line.  | Every visit | <input type="radio"/> Every visit | Mon 8/2/2021 | <span>⌵</span> |
| <input checked="" type="checkbox"/> Vital Signs<br>Routine, Clinic Performed<br>With each unit, 1 hour pre-transfusion, 15 minutes after start of transfusion, and upon completion of transfusion.                 | Every visit | <input type="radio"/> Every visit | Mon 8/2/2021 | <span>⌵</span> |

# Treatment Plan: *Partial Exchanges*

The screenshot displays a 'Non-Oncology Therapy Plan' interface. At the top, there is a navigation bar with tabs for Chart Review, Snapshot, Medications, Flowsheets, CRISP, Results Review, Rooming, Order Review, Plan, Wrap-Up, Disease Mgt, Procedures, and Non-Oncology Therapy Plans. Below the navigation bar, the plan title 'Non-Oncology Therapy Plans' is shown, followed by a list of tabs: Introduction, Amb Infusion #1, Amb Infusion #2, JHDMR Infusion #1, JHDMR Infusion #2, JHDMR Infusion #3, JHDMR Infusion #4, and Specimen Collection.

The main content area is divided into sections:

- Premedications:**
  - acetaminophen (TYLENOL) tablet 650 mg: Completed 650 mg, Oral, Once, today at 1030, For 1 dose. Frequency: Every visit. Status: Every visit. Date: Mon 8/2/2021.
  - diphenhydramine (BENADRYL) tablet 25 mg: Completed 25 mg, Oral, Once, today at 1030, For 1 dose. Frequency: Every visit. Status: Every visit. Date: Mon 8/2/2021.
- Anaphylaxis Orders:**
  - Nursing Order: PRN. Order details: Potential anaphylactic reaction: Evidenced by sudden drop below 100 mmHg SBP, respirations >20, and/or diaphoresis. Discontinue suspected medication infusion and immediately notify covering physician. Give EPINEPHrine injection first followed by diphenhydramine injection and then Hydrocortisone injection. Start normal saline solution and administer 1000 mL/hr. Start O2.
  - EPINEPHrine (ADRENALIN) 1 mg/mL injection 0.3 mg: 0.3 mg, Intramuscular, Every 5 min PRN, Anaphylactic Reaction, Starting when released. Give first. May repeat, if needed, after 15 minutes. May repeat third time 5 minutes after 2nd dose, if needed (3 doses total).
  - diphenhydramine (BENADRYL) 50 mg/mL injection 50 mg: 50 mg, Intravenous, Once as needed PRN, Moderate to Severe Anaphylactic Reaction, Starting when released. Give second.
  - hydrocortisone sodium succinate (PF) (SOLU-CORTEF) 50 mg/ mL injection 100 mg: 100 mg, Intravenous, Once as needed PRN, Moderate to Severe Anaphylactic Reaction, Starting when released. Give Third.
  - sodium chloride 0.9 % infusion: 1,000 mL/hr, Intravenous, Continuous PRN, Anaphylactic Reaction, Starting when released. Give first. May repeat, if needed, after 15 minutes. May repeat third time 5 minutes after 2nd dose, if needed (3 doses total).
  - General Oxygen - Adult: STAT, Continuous, Starting when released, Until Specified. Delivery Device: Nasal Cannula. L/min: 2. Titrate Per Oxygen Titration Protocol - Adult? Yes. Titrate Oxygen per Adult default. At rest, low goal SpO2 >= 90%, high goal SpO2 <= 95%.
- Hypersensitivity/Adverse Reaction Orders:**
  - Nursing Order: PRN. Order details: Potential Hypersensitive or adverse reaction. Evidenced by facial flushing, chest discomfort/pain, 20% increased heart rate, rash and/or pruritis. Hold suspected medication infusion and immediately notify covering physician. Start NSS and administer 500 mL/hr. Give diphenhydramine and acetaminophen. Give Hydrocortisone injection last, if necessary. If condition worsens or progresses to symptoms of anaphylaxis, follow "Anaphylaxis Orders".
  - General Oxygen - Adult: STAT, Continuous, Starting when released, Until Specified. Delivery Device: Nasal Cannula.

At the bottom of the screen, there are buttons for '+ ADD ORDER', '+ ADD DX (3)', '99214', 'PRINT AVS', '17', and 'SIGN VISIT'.

# Treatment Plan: *Partial Exchanges*

← Chart Review Snapshot Medications Flowsheets CRISP Results Review Rooming Order Review Plan Wrap-Up Disease Mgt Procedures Non-Oncology Therapy Plans

## Non-Oncology Therapy Plans

Introduction Amb Infusion #1 Amb Infusion #2 JHDMR Infusion #1 JHDMR Infusion #2 JHDMR Infusion #3 JHDMR Infusion #4 Specimen Collection

Titrate Oxygen per Adult default  
At rest: low goal SpO2 >= 90%, high goal SpO2 <= 95%

Hypersensitivity/Adverse Reaction Orders <sup>ⓘ</sup>

|   |             |                                   |              |
|---|-------------|-----------------------------------|--------------|
| <input type="checkbox"/> <input checked="" type="checkbox"/> Nursing Order  | PRN         | PRN                               |              |
| Order details<br>Potential Hypersensitive or adverse reaction. Evidenced by facial flushing, chest discomfort/pain, 20% increased heart rate, rash and/or pruritis. Hold suspected medication infusion and immediately notify covering physician. Start NSS and administer 500 mL/hr. Give diphenhydramine and acetaminophen. Give Hydrocortisone injection last, if necessary. If condition worsens or progresses to symptoms of anaphylaxis, follow "Anaphylaxis Orders". |             |                                   |              |
| <input type="checkbox"/> <input checked="" type="checkbox"/> General Oxygen - Adult   | PRN         | PRN                               |              |
| STAT, Continuous, Starting when released, Until Specified<br>Delivery Device: Nasal Cannula<br>L/min: 2<br>Titrate Per Oxygen Titration Protocol - Adult? Yes<br>Titrate Oxygen per Adult default<br>At rest: low goal SpO2 >= 90%, high goal SpO2 <= 95%   |             |                                   |              |
| <input type="checkbox"/> <input checked="" type="checkbox"/> sodium chloride 0.9 % infusion   | PRN         | PRN                               |              |
| 500 mL/hr, Intravenous, Administer over 30 Minutes, Continuous PRN, Other, Hypersensitivity Reaction, Starting when released  |             |                                   |              |
| <input type="checkbox"/> <input checked="" type="checkbox"/> diphenhydramine (BENADRYL) tablet 50 mg  | PRN         | PRN                               |              |
| 50 mg, Oral, Once as needed PRN, Mild Adverse Reaction to infusion, Starting when released<br>Give first.   |             |                                   |              |
| <input type="checkbox"/> <input checked="" type="checkbox"/> diphenhydramine (BENADRYL) 12.5 mg/5 mL elixir 50 mg   | PRN         | PRN                               |              |
| 50 mg, Oral, Once as needed PRN, Mild Adverse Reaction to infusion, Starting when released<br>Give first. Administer only if unable to swallow tablets.   |             |                                   |              |
| <input type="checkbox"/> <input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg  | PRN         | PRN                               |              |
| 650 mg, Oral, Once as needed PRN, Mild Adverse Reaction to infusion, Starting when released<br>Give second.   |             |                                   |              |
| <input type="checkbox"/> <input checked="" type="checkbox"/> acetaminophen (TYLENOL) 40 MG/1.25 ML oral suspension 650 mg   | PRN         | PRN                               |              |
| 650 mg, Oral, Once as needed PRN, Mild Adverse Reaction to infusion, Starting when released<br>Give second. Administer only if unable to swallow tablets.   |             |                                   |              |
| <input type="checkbox"/> <input checked="" type="checkbox"/> hydrocortisone sodium succinate (PF) (SOLU-CORTEF) 50 mg/ mL injection 100 mg  | PRN         | PRN                               |              |
| 100 mg, Intravenous, Once as needed PRN, Hypersensitivity Reaction, Starting when released<br>Give Third if necessary. Give IV push.  |             |                                   |              |
| <b>Orders for Scheduling <sup>ⓘ</sup></b>   |             |                                   |              |
| <input checked="" type="checkbox"/> Infusion Visit 180  | Every visit | <input type="radio"/> Every visit | Mon 8/2/2021 |
| Requested Therapy Start Date: 6/17/2021<br>Scheduling frequency (days, weeks, months): monthly<br>Expires: 8/2/2022   |             |                                   |              |

⌵ Begin Treatment 2 Select Orders  Release Treatment 2