
Nursing Assessment Pre-Apheresis

Lead Organisation: iMATCH

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Nursing Assessment Pre-Apheresis

This should be used in conjunction with APH-40 - Optia MNC Apheresis Procedure for HPC and T-Cell Collection

Addressograph:		Height cm:	Weight kg:
Name:	Number:	Allergies:	
Address:	DOB:		
BB number:		Diagnosis:	
		Consultant:	

	Yes/No	Details					
Are the patients' baseline observations stable and recorded on CWP? (Including BP, P, T, R, SO2)							
<table style="width:100%; border:none;"> <tr> <td style="width:25%;">Resp rate</td> <td style="width:25%;">SpO2</td> <td style="width:25%;">BP</td> <td style="width:25%;">Pulse</td> <td style="width:25%;">Temp</td> </tr> </table>	Resp rate	SpO2	BP	Pulse	Temp		
Resp rate	SpO2	BP	Pulse	Temp			
Are blood results within normal parameters?							
Have any new symptoms developed? Has the patient/donor commenced on any new medication? If yes, seek medical advice.							
Is virology screen available and in date (within 30 days of harvest)							
Any complications relating to mobilisation treatment?							
Signed ECG within 1 month of the procedure							
ANDP/DKMS/Sibling donors Repeat virology testing Pre-emptive oral calcium given ANDP/DKMS donors only EDTA for HEV RNA – first day of all collections							
All Lymphocyte collections EDTA sample sent for CD3 count Repeat virology testing							
Referral to Medical Officer necessary?							
Assessment Performed By:		Date:					

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Form to be completed on the day of HPC collection date.

For apheresis staff for completion on the day of collection for CAR-T patients only

Washout Criteria			
3 days	Has the patient received short acting cytotoxic therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5 days	Has patient received short acting growth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7 days	Has the patient received steroids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7 days	Has the patient received IT Methotrexate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14 days	Has the patient received low dose maintenance chemotherapy? (6MP/MXT/vincristine) TKI therapy Blinatumomab GVHD treatment Lenalidomide Immune modulatory therapy including checkpoint inhibitors Radiotherapy Antibody therapy including CD20 specific treatments (rituximab, inotuzumab)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4 weeks	Has the patient received Peg asparaginase Donor Lymphocytes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8 weeks	Has the patient received clofarabine T cell Lytic agents (Alemtuzumab)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Weeks	Has the patient received Fludarabine Undergone an allogeneic transplant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	Has the patient ever received Bendamustine treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Assessment Performed By:		Date:	
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