
Nursing assessment pre-Apheresis

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

	Yes/ No	Details
Are the patients' baseline observations stable? (Including BP, P, T, R, SO2)		
Temp Pulse Resp rate BP SpO2		
Are blood results within normal parameters?		
Harvest discussed with Apheresis/ transplant coordinators?		
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		
All Lymph collections including ANDP and ATMP EDTA sample sent for CD3 count to Labs Repeat transplant virology sample		
ANDP donors only EDTA for HEV RNA - all collections COVID screen on day of donation - all collections		
Lymphocyte collections – EDTA 9 mls for HIV-RNA, HBV-DNA, HCV-RNA, HEV RNA and Syphilis		
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			
3days	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 Lenolidamide Immune modulatory therapy including checkpoint inhibitors Radiotherapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4 weeks	Has the patient received Peg asparaginase Donor Lymphocytes Antibody therapy including CD20 specific treatments (rituximab, inotuzumab)	<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

Prescription Chart – Clinical Apheresis Unit

Patient Sticker:

Priming, Rinseback and Bolus Fluids for Apheresis Procedures					
DRUG	DOSE	ROUTE	DIRECTIONS		DATE
Sodium Chloride 0.9%		IV	To prime/rinseback cell separator		Time:
					Sign:
Date Prescribed:	Per Procedure	Drs Signature:	Drs Name:	Bleep:	Time:
					Sign:
Acid Citrate Dextrose (ACDA)	500ml Bag	IV	Continuous throughout procedure		Time:
					Sign:
					Time:
Date Prescribed:	Continuous	Drs Signature:	Drs Name:	Bleep:	Sign:
					Time:
					Sign:
PRN Medications					
DRUG	DOSE	ROUTE	DIRECTIONS		DATE
Lidocaine Hydro Chloride 1%	Max 0.5ml per VP	Intra dermal			Time:
					Sign:
Date Prescribed:	1 dose per Vene Puncture	Drs Signature:	Drs Name:	Bleep:	Time:
					Sign:
Calcium Gluconate 10% IV Concurrently		IV	Add to 100mls saline. Run concurrently with procedure if required		Time:
Date Prescribed:	Run concurrently with procedure	Drs Signature:	Drs Name:	Bleep:	Sign:

Patient Sticker:

PRN Medications					
DRUG	DOSE	ROUTE	DIRECTIONS		DATE
Calcium Gluconate 10% Bolus	10ml	IV	Add to 20mls saline. Slow bolus over 10minutes		Time:
					Sign:
Date Prescribed:	Max 2 doses per procedure if required for hypocalcemia	Drs Signature:	Drs Name:	Bleep:	Time:
					Sign:
Calcium Carbonate (Calcichew 500mg)	500mg	PO	Give 2 tablets for hypocalcaemia, max 6 tablets per procedure		Time:
					Sign:
					Time:
Date Prescribed:		Drs Signature:	Drs Name:	Bleep:	Sign:
					Time:
					Sign:
Other					
					Time:
Date Prescribed:		Drs Signature:	Drs Name:	Bleep:	Sign:
					Time:
Date Prescribed:		Drs Signature:	Drs Name:	Bleep:	Sign: