

**DukeMedicine****Division of Cellular Therapy****DOCUMENT NUMBER:** ABMT-GEN-029**DOCUMENT TITLE:**

ABMT Clinic Daily Assessment of Adult Stem Cell Transplant

**DOCUMENT NOTES:****Document Information****Revision:** 05**Vault:** ABMT-General-rel**Status:** Release**Document Type:** General**Date Information****Creation Date:** 18 Mar 2019**Release Date:** 15 Apr 2019**Effective Date:** 15 Apr 2019**Expiration Date:****Control Information****Author:** JLF29**Owner:** JLF29**Previous Number:** ABMT-GEN-029 Rev 04**Change Number:** ABMT-CCR-254

## **ABMT-GEN-029**

### **ABMT CLINIC DAILY ASSESSMENT OF ADULT STEM CELL TRANSPLANT**

#### **1 PURPOSE**

- 1.1 To outline the responsibilities of the outpatient Adult Blood and Marrow Transplant (ABMT) nurse in performing and documenting a patient assessment in the treatment infusion area.

#### **2 INTRODUCTION**

- 2.1 Upon arrival of each patient, the RN should perform a complete physical assessment on all assigned patients. If there is a positive finding in the initial assessment, a focused assessment should be performed promptly. An RN should visually assess each assigned patient at least every two hours. If the patient is on Falls Precautions a visual assessment should be performed at least once every hour.

#### **3 SCOPE AND RESPONSIBILITIES**

- 3.1 This procedure covers the documentation and steps to evaluate an Adult Blood and Marrow Transplant patient receiving outpatient therapy.
- 3.2 Nurse responsible for the care of the blood and marrow transplant patient.

#### **4 DEFINITIONS/ACRONYMS**

- 4.1 ABMT Adult Blood and Marrow Transplant
- 4.2 VS Vital Signs
- 4.3 Temp Temperature
- 4.4 HR Heart Rate
- 4.5 SBP Systolic Blood Pressure
- 4.6 DBP Diastolic Blood Pressure
- 4.7 O2 Oxygen Saturation

#### **5 MATERIALS**

- 5.1 N/A

#### **6 EQUIPMENT**

- 6.1 N/A

#### **7 SAFETY**

- 7.1 N/A

#### **8 PROCEDURE**

- 8.1 Vital Signs

ABMT-GEN-029 ABMT Clinic Daily Assessment of Adult Stem Cell Transplant  
ABMT, DUMC  
Durham, NC

- 8.1.1 Temperature, blood pressure, pulse, respirations, pain, and oxygen saturation should be performed on patient arrival and at discharge a repeat temperature should be performed and documented.
- 8.1.2 Notify Charge Nurse and patient provider for:
  - 8.1.2.1 Temp  $\leq 36.0^{\circ}\text{C}$  or  $\geq 38.0^{\circ}\text{C}$  or if patient is chilling
  - 8.1.2.2 HR  $< 60$  or  $\geq 110$  bpm
  - 8.1.2.3 SBP  $< 90$  mmHg or  $\geq 180$  mmHg
  - 8.1.2.4 DBP  $< 50$  or  $> 100$  mmHg
  - 8.1.2.5 RR  $< 10$  or  $> 24$  bpm
  - 8.1.2.6 O<sub>2</sub> saturations  $< 90\%$
  - 8.1.2.7 Change in mental status or respiratory distress.
  - 8.1.2.8 Pain level  $\Rightarrow 5$  and unrelieved by pain intervention.
  - 8.1.2.9 VS that is significantly changed from patient's baseline.
- 8.2 Lab Assessment
  - 8.2.1 RN will assess labs daily and notify provider of any critical results
  - 8.2.2 RN will follow ABMT Supplemental Protocol for blood products and electrolytes when ordered
- 8.3 Neurological Assessment
  - 8.3.1 Perform neurological assessment, including level of consciousness, movement, and strength, at the beginning of each shift.
  - 8.3.2 If any change or abnormality is noted, complete a full neurological assessment as applicable.
  - 8.3.3 Notify Charge Nurse/Provider of any changes.
  - 8.3.4 Document a Falls Assessment at beginning of each shift and with any Neurological changes.
- 8.4 Oral Assessment
  - 8.4.1 Examine oral cavity once a shift. Encourage compliance with mouth care and initiate treatment as per provider order.
  - 8.4.2 Document and report any mucosal bleeding or other abnormal findings including sores, redness, pain with swallowing.
- 8.5 Cardiopulmonary Assessment
  - 8.5.1 Auscultate heart and lungs once a shift. If any change in objective or subjective cardiac or pulmonary findings, reassess. (i.e. increased respiratory or heart rate, shortness of breath, alteration in fluid balance, chest discomfort).
  - 8.5.2 Reassess in 2 hours if any abnormalities noted. Notify provider and document findings.

- 8.5.3 Perform ECG if ordered by provider and review results with provider.
- 8.6 Gastrointestinal (GI) Assessment
  - 8.6.1 Auscultate for bowel sounds once a shift and as needed as indicated by patient condition.
  - 8.6.2 Examine stool and emesis for color, consistency and volume as needed.
  - 8.6.3 Report bloody stools or emesis to physician and document in nursing note.
- 8.7 Genitourinary Assessment
  - 8.7.1 Assess urination for signs of pain, urgency, frequency, bleeding and burning every shift.
  - 8.7.2 Report any abnormal findings and visible hematuria to provider.
  - 8.7.3 Document color, clarity, sedimentation each shift for patients with a urinary drainage catheter.
- 8.8 Skin Assessment
  - 8.8.1 Examine skin each shift for rash, bruising or signs of infection.
  - 8.8.2 Report any new rash or extension of rash.
- 8.9 Examine catheter site each shift.
  - 8.9.1 Dressing change: Initial dressing should be a gauze dressing with tape due to drainage/bleeding. Perform first dressing change 24 hours after insertion. If there is drainage or bleeding noted prior to the 24 hours, reinforce dressing and continue to use gauze until drainage or bleeding stops. Change if soiled, loose, or damp. When insertion site is no longer oozing, apply CHG transparent dressing and change q 7 days and more frequently if soiled or not intact. May use sterile saline for CHG gel pad removal (optional).
  - 8.9.2 Labs may be obtained from the catheter on initial insertion only. A patient may leave the day hospital with a peripheral IV in place if they are staying in the local area and returning to clinic within 24 hours. If a patient does not meet this criteria, an order must be obtained from the physician to keep the peripheral IV in place.
- 8.10 Pain Assessment
  - 8.10.1 Assess for type, location, intensity, and duration of pain every shift and as needed. If pain is reported a pain goal must be documented.
  - 8.10.2 If pain is present, monitor and document effectiveness of pain management 2 hours post oral intervention and 1 hour post IV intervention. Report to a provider if pain level remains unchanged.
  - 8.10.3 Refer to DUH Pain Management Policy for Adult Patients.
- 8.11 Nutritional and Fluid Assessment

- 8.11.1 Assess oral intake. Report poor oral intake (fluid intake < 1000 ml/day or patient's inability to eat at least 50% of meal) and assess causes.

8.12 Psychosocial Assessment

- 8.12.1 Assess coping mechanisms, sleep pattern and participation with ADLs.
- 8.12.2 Obtain orders for appropriate referrals to assist with coping (i.e. Social Worker, Physical Therapy, Occupational Therapy, Chaplain, Behavioral Medicine, Oncology Recreational Therapy, Palliative Care).

## 9 RELATED DOCUMENTS/FORMS

- 9.1 N/A

## 10 REFERENCES

- 10.1 Ezzone S, (Editor). (2004) Hematopoietic Stem Cell Transplant: A Manual for Nursing Practice. Oncology Nursing Society. Pittsburgh PA.
- 10.2 Greifzu S. Caring for the Chronically Critically Ill. RN 2002;65(7):42-49.
- 10.3 Miller M, Kearney N. Oral Care for Patients with Cancer: A Review of Literature. Cancer Nursing 2001; 24(4):241-254.

## 11 REVISION HISTORY

Revision No.	Author	Description of Change(s)
05	Jennifer Frith	<p>Changed 1.1 and 3.1 Changed Bone Marrow to Blood and Marrow</p> <p>Added 4.1 ABMT Adult Blood and Marrow Transplant</p> <p>Removed 8.5.3 in clinic</p> <p>Added 8.2.2 for blood products and electrolytes</p> <p>Remove 8.4.1 Oral Care-Mucositis</p> <p>Remove 8.4.3 Reassess oral cavity at daily visit</p> <p>8.9.2 Added ordered is needed for insertion and discontinue of PIC</p> <p>8.10.1 added a pain goal must be documented</p> <p>8.10.2 added 2 hour reassessment post oral and 1 hour post reassessment post IV administration</p> <p>8.11.1 Removed caregiver document food and fluid intake on a daily basis</p>

**Signature Manifest****Document Number:** ABMT-GEN-029**Revision:** 05**Title:** ABMT Clinic Daily Assessment of Adult Stem Cell Transplant

All dates and times are in Eastern Time.

**ABMT-GEN-029 ABMT Clinic Daily Assessment of Adult Stem Cell Transplant****Author**

Name/Signature	Title	Date	Meaning/Reason
Jennifer Frith (JLF29)		08 Apr 2019, 02:03:02 PM	Approved

**Management**

Name/Signature	Title	Date	Meaning/Reason
Jennifer Frith (JLF29)		08 Apr 2019, 02:03:15 PM	Approved

**Medical Director**

Name/Signature	Title	Date	Meaning/Reason
Nelson Chao (CHAO0002)		08 Apr 2019, 02:17:10 PM	Approved

**Quality**

Name/Signature	Title	Date	Meaning/Reason
Bing Shen (BS76)		09 Apr 2019, 09:44:30 AM	Approved

**Document Release**

Name/Signature	Title	Date	Meaning/Reason
Betsy Jordan (BJ42)		11 Apr 2019, 03:33:03 PM	Approved