



## PEDIATRIC BLOOD AND MARROW TRANSPLANT PROGRAM

**DOCUMENT NUMBER:** PBMT-GEN-011

**DOCUMENT TITLE:**

NC Workup Checklist

**DOCUMENT NOTES:**

### Document Information

**Revision:** 08

**Vault:** PBMT-General-rel

**Status:** Release

**Document Type:** PBMT

### Date Information

**Creation Date:** 20 May 2024

**Release Date:** 10 Jun 2024

**Effective Date:** 10 Jun 2024

**Expiration Date:**

### Control Information

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**Previous Number:** PBMT-GEN-011 Rev 07

**Change Number:** PBMT-CCR-361

**PBMT-GEN-011**  
**NC Workup Checklist**

| Check Box                | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | To ensure equitable access to care and patient distribution, all new referrals, phone contacts and email requests for information should be listed and presented to the Medical Director (or designee) weekly for discussion and triage (assignment to Attending/APP/NC).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> | Telephone contact with patient or patient's family and/or legally authorized representative to educate about the program. Identify the primary language of the family and ensure an interpreter is requested if appropriate. Document primary language/interpreter needs in the database.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> | Initiate new patient data sheet and obtain medical record number (MRN). Complete Disease Specific Intake Forms such as Sick Cell.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> | Initiate Red Chart.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> | Communicate with financial counselor to begin insurance process.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> | Communicate with social work team patient information to begin psychosocial assessment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> | Communicate with lodging coordinator team regarding lodging needs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> | After insurance clearance, and at physician direction, begin donor search process by obtaining HLA typing and provide search request form to Search Coordinator.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> | Obtain patient medical records from referring physician and/or access records through Care Everywhere. Review and then scan outside paper records to patient's O drive folder (in organized sub-folders) and Epic chart.<br><u>For Oncology patients:</u> Obtain records that establish date of diagnosis for transplant/CAR-T indication, all treatment roadmaps, disease surveillance results and relevant co-morbid conditions.<br><u>For Non-Malignant Diseases:</u> Obtain records that establish the diagnosis for transplant/Gene Therapy indication and all relevant clinical information to establish eligibility for transplant. /GT.<br><u>For Athymia Patients:</u> review Athymia work-flow.<br><u>For patients being enrolled on clinical trials:</u> work with research team to coordinate request for relevant medical records/testing to avoid duplicative efforts.<br>Completion of product specific registrations on time, for patients receiving standard therapies (such as gene therapy and/or CART). |
| <input type="checkbox"/> | Schedule Attending Physician to meet with patient/family and/or legally authorized representative for initial consult. Verify guardian status with SW prior to scheduling.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> | Maintain periodic check-in with patients and request clinical updates.<br>Be prepared to present patient status at weekly clinical care conferences.<br>Upload new records to O drive and Epic.<br>Update patient database with any new relevant clinical information, including upcoming disease assessment, last chemo dates and new co-morbid conditions.<br>Follow-up with Search Coordinator on donor status.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| Check Box                | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <input type="checkbox"/> | Review patient information with the attending and schedule necessary workup testing based on disease and draft road-map (including, but not limited to, donor screening, surgery for central venous line placement and bone marrow aspirate/biopsies/spinal taps; Radiation/Oncology, Echo, Pulmonary, Ophthalmology, Chest X-ray, CT, MRI, Neuro-diagnostic testing, Cardiology, ENT, Developmental, Ultrasound, Audiology, Dental) per patient diagnosis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> | Schedule APP to perform initial H&P on patient upon arrival to Duke.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> | Schedule a pre-transplant performance assessment with clinical provider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> | Schedule pre-transplant research information session with research team (this may be required at initial consultation on a case by case basis).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> | Schedule Social Work, Family Support, Insurance Counselor, and Child Life Specialist to meet with patient/family and/ or legally authorized representative upon arrival to Duke and send appointment letter with schedule to patient and family. Send student referral form to Durham Public Schools for school age children after parent/legally authorized representative gives consent. When appropriate, Social Work referral to clarify guardian status should occur prior to patient arrival.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> | Telephone contact with patient/family and/or legally authorized representative to review schedule and workup and to continue education about the program and/or patient diagnosis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> | Start patient teaching. Document teaching accordingly in the electronic medical record as per hospital policy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> | Meet patient/family and/or legally authorized representative upon arrival to Duke and facilitate through workup phase. Provide patient/family and or legally authorized representative with Parent Handbook.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> | <p>Meet with patient/family and/or legally authorized representative for educational sessions using program educational tools (i.e. Road to Transplant Flipchart, Parent Handbook). These sessions will include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the workup schedule in detail, including testing dates, times and locations.</li> <li><input type="checkbox"/> Provide maps to DUH facilities.</li> <li><input type="checkbox"/> Tour of the inpatient unit, when appropriate to do so.</li> <li><input type="checkbox"/> Discussion of CVL, mouth care, isolation precautions, unit guidelines and policies, immunocompromised dietary restrictions, daily inpatient unit routine and complications of chemotherapy and transplant, including GvHD, VOD/SOS, interstitial pneumonia, and graft failure.</li> <li><input type="checkbox"/> Review road map which includes: conditioning regimen and associated side effects, supportive care medications (antivirals, antifungals, and antibiotics including PCP Prophylaxis meds, GCSF, IVIG and TPN).</li> <li><input type="checkbox"/> Provide family with medication education sheets to support teaching.</li> <li><input type="checkbox"/> Document patient/family and/or legally authorized representative education and learner outcomes in the electronic medical health record.</li> </ul> |
| <input type="checkbox"/> | In coordination with the Advanced Practice Provider, follow-up on all lab work and alert attending physician of any abnormal or concerning results.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> | Complete NC Pre-transplant Evaluation Note in Epic and present work-up to pre-transplant weekly meeting at least 1 week prior to admission. Submit completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| Check Box                | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|                          | workup packet to insurance counselor for transplant approval at least 1 week prior to admission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> | Review Pre-Transplant Essential Data Form with CIBMTR Coordinator for each patient transplant for accuracy and serve as a resource to the CIBMTR Team.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> | Follow-up with Search Coordinator (if applicable) to confirm donor availability.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> | Confirm that a pregnancy assessment is performed for all female donors with childbearing potential within seven (7) days prior to starting the donor mobilization regimen and, as applicable, within seven (7) days prior to initiation of recipient's conditioning regimen.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> | Meet with patient/family and or legally authorized representative for pre-consenting session to help formulate questions for consenting session with Attending.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> | Refer family to home health for central venous line supplies, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> | When applicable, follow up on prior authorizations for pre-transplant medications such as G-CSF and Mozobil.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> | Meet with patient/family and or legally authorized representative along with Attending to review testing results and donor information and for final consenting session.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> | <p>Consent related tasks:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy the consent and place the original in the red chart, scan to patient's chart in Epic, and provide a copy to the patient/family. If the consent is study related, the original goes to the clinical research group, is scanned to patient's Epic chart, a copy is placed in the red chart, and a copy is provided to the patient/family.</li> <li><input type="checkbox"/> All consents should be reviewed for completion and accuracy by a second coordinator in real time prior to scanning.</li> <li><input type="checkbox"/> Research consents should be prepared by the research team in advance of the consent session and this version used for consenting. The signed consents should be emailed in real time to the research team for quality check.</li> <li><input type="checkbox"/> Email PBMT team, Clinical research group, insurance coordinator and inpatient team that consents have been signed.</li> <li><input type="checkbox"/> Schedule collection of any research labs (i.e. NDMP blood samples.)</li> </ul> |
| <input type="checkbox"/> | <p>Confirm the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> With patient/family and or legally authorized representative: the date of central venous line placement, procedures, and date of admission</li> <li><input type="checkbox"/> With the inpatient unit: the date of central venous line placement, procedures, and date of admission</li> </ul> <p>Ensure the following, if required:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Any outpatient conditioning appointments are entered for the appropriate location (i.e. clinic, VDH, and radiation oncology if ordered)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> | Contact inpatient nursing staff for special needs of patient (i.e. crib, ET tube for Hurler's patients).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> | Send up-to-date patient's Red Chart to inpatient unit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Check Box                | Instructions                                                                                                                                                                                                                                                      |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Visit or call patient/family and or legally authorized representative on date of admission to facilitate transition from workup phase to inpatient setting.                                                                                                       |
| <input type="checkbox"/> | NCs will communicate with each other at the end of each day so the NC team is aware of active patient issues. An assigned NC will attend the outpatient and inpatient huddles each weekday and serve as a liaison for queries from the inpatient/outpatient team. |

**Signature Manifest****Document Number:** PBMT-GEN-011**Revision:** 08**Title:** NC Workup Checklist**Effective Date:** 10 Jun 2024

All dates and times are in Eastern Time.

**PBMT-GEN-011 NC Workup Checklist****Author**

| Name/Signature            | Title | Date                     | Meaning/Reason |
|---------------------------|-------|--------------------------|----------------|
| Sally McCollum (MOORE171) |       | 20 May 2024, 02:46:09 PM | Approved       |

**Medical Director**

| Name/Signature       | Title | Date                     | Meaning/Reason |
|----------------------|-------|--------------------------|----------------|
| Kris Mahadeo (KM193) |       | 22 May 2024, 10:58:52 AM | Approved       |

**Quality**

| Name/Signature   | Title                                 | Date                     | Meaning/Reason |
|------------------|---------------------------------------|--------------------------|----------------|
| Bing Shen (BS76) | Associate Director, Quality Assurance | 23 May 2024, 10:50:20 AM | Approved       |

**Document Release**

| Name/Signature    | Title                       | Date                     | Meaning/Reason |
|-------------------|-----------------------------|--------------------------|----------------|
| Amy McKoy (ACM93) | Document Control Specialist | 28 May 2024, 09:46:33 AM | Approved       |