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ABMT-COLL-003 APHERESIS STAFFING PLAN

1 PURPOSE

1.1 To provide a framework for staffing guidelines to provide safe and effective nursing care during the apheresis procedure.

2 INTRODUCTION

- 2.1 The transplant coordinators or APPs in consultation with the attending physicians routinely schedule leukapheresis Monday through Friday. If a patient's condition necessitates weekend leukapheresis, the nurse manager and the apheresis coordinator will determine if there is sufficient weekend staffing to perform the procedure. The Stem Cell Laboratory supervisor must be contacted whenever weekend apheresis is scheduled so that laboratory staff can be made available to process the product. Photopheresis is routinely scheduled Monday through Friday by Apheresis Coordinator/designee. Photopheresis patient volume may necessitate weekend treatments.
- 2.2 The Apheresis Nurse Coordinator, the ABMT Clinic Manager, and Charge Nurse are responsible for managing a regular rotation of nursing staff through Apheresis to maintain apheresis nursing competency. This same group is responsible for managing the nursing daily assignment to ensure adequate nurse to apheresis patient ratio. ABMT physician or physician extender must be on site during apheresis procedures. Factors affecting donor/patient care acuity are considered when making the nursing assignment.

3 SCOPE AND RESPONSIBILTIES

- 3.1 This procedure describes the parameters of safe nursing staffing for the care of apheresis patients in the Adult Bone Marrow Transplant Clinic.
- 3.2 The Apheresis coordinator and/or apheresis nurses, Clinic Charge Nurse, Clinic Nurse Manager, and ABMT Clinic attending physician are responsible for this procedure. The ABMT Clinic attending physician is responsible for the care of all apheresis patients.

4 DEFINITIONS/ACRONYMS

- 4.1 APP (Advance Practice Providers)
- 4.2 ABMT (Adult Blood and Marrow Transplant)

5 MATERIALS

5.1 NA

6 EQUIPMENT

6.1 NA

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7 SAFETY

7.1 NA

8 PROCEDURE

- 8.1 Apheresis Staffing Plan:
 - 8.1.1 The Charge nurse will review the apheresis assignment daily with the Apheresis Coordinator/designee to make an assignment for the following day. The Clinic Nurse Manager will be contacted if nursing staff schedules require adjustments to meet the staffing plan. If apheresis patient care acuity changes during the day the charge nurse will adjust the assignment to accommodate the change in acuity.
 - 8.1.2 One nurse can manage the care for two stable patients undergoing leukapheresis. Patients mobilized with chemotherapy prior to leukapheresis may require electrolyte supplementation and blood and/or platelet transfusions. These treatment requirements may delay the start of leukapheresis or may be given during leukapheresis. Pre-admission teaching and Central Venous Catheter care is also done routinely during apheresis. Teaching and additional infusions will increase the patient acuity and may require an adjustment in the nursing assignment. The ABMT Clinic treatment room nurses that are trained in apheresis have their competencies on file and can assist with staffing when the patient acuity increases.
 - 8.1.3 Patient acuity may necessitate a one to one nurse/patient ratio. Patients and donors requiring peripheral IV access may require close monitoring if adequate blood flows are not obtained from their veins. The return line IV must be frequently monitored also for any signs of infiltration. Donors primed with cytokines may have moderate to severe nausea and pain that must be managed with IV medications. Some donors may be prone to having a vasovagal reaction if they have never been a whole blood donor.
 - 8.1.4 National Marrow Donor Program (NMDP) donors may also require a one to one nurse/patient ratio to maintain strict adherence to the protocol in addition to providing donor comfort measures. Cellular products requiring a low collect bag hematocrit necessitates close monitoring of the collect line which increases care acuity.
 - 8.1.5 Photopheresis procedures are an average of 2-3 hours in treatment time. The procedure requires close monitoring throughout the collection. Patients who have poor blood flows may require more intensive monitoring. Photopheresis patient appointments are made to allow for a 1:1 nurse: patient ratio with patient arrival times staggered. One nurse can care for two ECP patients with adequate blood flows.

9 RELATED FORM

9.1 NA

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10 REFERENCES

10.1 NA

11 REVISION HISTORY

Revision No.	Author	Description of Change(s)	
06	M. Christen	 Section 2.1 Added: Photopheresis is routinely scheduled Monday through Friday by Apheresis Coordinator/designee. Section 2.2 Removed: "s" on Apheresis Coordinator. Section 3.2 Added: "and" to include either Apheresis Coordinator and/or apheresis nurses. Created Section 4.1 Added: Acronym for APP Created Section 4.2 Added: Acronym for ABMT Section 8.1.1 Removed: Apheresis nurse and Added Apheresis Coordinator/designee. Section 8.1.2: Removed: Hickman and replaced with Central Venous. Section 8.1.5: Removed: Implanted Ports and added poor blood flows. 	

Signature Manifest

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All dates and times are in Eastern Time.

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Document Release

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