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DUKE UNIVERSITY HEALTH SYSTEM

Patient Label

Form M0345

ABMT-GEN-025 FRM2 Photopheresis Run

Lot # Methoxsalen: Lot # Normal Saline: Exp: Lot # ACD-A: Exp: Pre-treatment Lamp Hours: Lot # 10 mL syringe: Exp: Treatment Number: Lot # 20g needle: Exp: PiV 18 g Autoguard: Exp: IV Extension Set: Exp: Single Needle Mode Exp: Double Needle Mode	Room Temp/Humidity:°C%						•	•	.cceptable? □Yes [∃No	
Lot # Methoxsalen: Lot # Methoxsalen: Exp: Lot # AOF A: Exp: Lot # 10 mL syringe: Exp: Lot # 20g needle: Exp: Lot # 20g needle: Exp: In Exp: In Exp: CVC PORT Max Safe Extracorporeal Volume (15%) Pre-treatment Pre-treatment Temp. HR RR B/P O2 In EMR (Electronic Medical Recore) Notify MD if vital signs, lab results, or % ECV are out of these parameters:	1 120 20 10 10 10 10 10 10 10 10 10 10 10 10 10						or Humidity				
Lot # Methoxsalen: Lot # Mothoxsalen: Exp: Lot # A0670 40170 CTCL Lot # Normal Saline: Exp: Lot # ACD-A: Exp: Pre-treatment Lamp Hours: Lot # 10 mL syringe: Exp: Lot # 3mL syringe: Exp: Access Type: Lot # 20g needle: Exp: PIV 18 g Autoguard: Exp: IV Extension Set: Exp: Single Needle Mode IV Start Kit: Exp: Double Needle Mode Current HCT%: HgB: WBC: Plts: Weight: (kg) Height: (cate Total Blood Yolume (as calculated on CELLEX) Max Safe Extracorporeal Volume (10%) Max Safe Extracorporeal Volume (15%) Pre-treatment Temp. HR RR B/P O2 In EMR (Electronic Medical Recorporeal Recorpore Medical Recorporeal Recorpore Medical Recorporeal Recorpore Medical											
Lot # Methoxsalen: Exp:	Lot # Cellex kit: Exp			Exp:						tion	
Lot # Normal Saline: Exp: Pre-treatment Lamp Hours: Lot # ACD-A: Exp: Pre-treatment Number: Lot # 10 mL syringe: Exp: Treatment Number: Lot # 3mL syringe: Exp: Access Type: Lot # 20g needle: Exp: PIV 18 g Autoguard: Exp: CVC 16 g Autoguard: Exp: Single Needle Mode IV Extension Set: Exp: Double Needle Mode IV Start Kit: Exp: Double Needle Mode Current HCT%: HgB: WBC: Plts: Weight: (kg) Height: (c Total Blood Yolume (as calculated on CELLEX)mL CELLEX Predicted ECV:Max Safe Extracorporeal Volume (10%) Max Safe Extracorporeal Volume (15%) Pre-treatment Temp. HR RR B/P O2	t # Methoxsalen:			Exp:					☐ CTCL		
Lot # 10 mL syringe: Exp: Treatment Number: Lot # 3mL syringe: Exp: Access Type: Lot # 20g needle: Exp: PORT Syringe: Exp: PORT Exp: Single Needle Mode IV Start Kit: Exp: Double Needle Mode Current HCT%: HgB: WBC: Plts: Weight: (kg) Height: (a Total Blood Yolume (as calculated on CELLEX) Max Safe Extracorporeal Volume (10%) Max Safe Extracorporeal Volume (15%) Pre-treatment Temp. HR RR B/P O2 In EMR (Electronic Medical Recorn Notify MD if vital signs, lab results, or % ECV are out of these parameters:	t # Normal Saline			Exp:			41127		J	_	
Lot # 3mL syringe: Lot # 20g needle: Exp: Bxp: PIV CVC PORT If g Autoguard: Exp: IV Extension Set: Exp: Single Needle Mode IV Start Kit: Exp: Double Needle Mode Current HCT%: HgB: WBC: Plts: Weight: (kg) Height: (CELLEX Predicted ECV: Max Safe Extracorporeal Volume (10%) Max Safe Extracorporeal Volume (15%) Pre-treatment Temp. HR RR B/P O2 In EMR (Electronic Medical Recorporeal Notify MD if vital signs, lab results, or % ECV are out of these parameters:	t # ACD-A:			Exp:		Pre-t	reatment La	amp Hour	s:		
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PORT Ide grand Exp: PORT PORT	t # 20g needle:			Exp:		1	E16	PIV			
Exp: Single Needle Mode	g Autoguard:			Exp:							
IV Start Kit: Exp: Double Needle Mode	g Autoguard:			Exp:		- D PORT					
Current HCT%: HgB: WBC: Plts: Weight: (kg) Height: (kg) Total Blood Volume (as calculated on CELLEX) mL Max Safe Extracorporeal Volume (10%) Max Safe Extracorporeal Volume (15%) Pre-treatment Temp. HR RR B/P O ₂	Extension Set:			Exp:	☐ Single Needle Mode						
Total Blood Volume (as calculated on CELLEX) mL Max Safe Extracorporeal Volume (10%) Max Safe Extracorporeal Volume (15%) Pre-treatment Temp. HR RR B/P O2	Start Kit:			Exp: Double Needle Mode							
CELLEX Predicted ECV:	☐ Current HCT%: HgB: WBC: Plts: Weight:(kg) Height:(cm) Total Blood Volume (as calculated on CELLEX) mL										
Max Safe Extracorporeal Volume (15%) Pre-treatment Temp. HR RR B/P O ₂ In EMR (Electronic Medical Recormand Medical Re				Ma	ax Safe Ex	tracorp	oreal Volum	e (10%)			
Notify MD if vital signs, lab results, or % ECV are out of these parameters:	ELLEX Predicted	ECV:		Ma	ax Safe Ex	tracorp	oreal Volum	e (15%)			
Notify MD if vital signs, lab results, or % ECV are out of these parameters:											
	e-treatment	Temp. I	HR	RR	B/	Р	O_2	1			
$\Box \text{ Temperature:} > 38C \qquad \Box \text{ Heart Date:} < 50 \text{ or} > 120 \qquad \Box \text{ 0/ECV:} > 150/$	No	ify MD if vi	ital sig	ns, lab ro	esults, or	% EC	V are out o	of these p	arameters:		
\(\begin{array}{llllllllllllllllllllllllllllllllllll											
1	1				*		□ I	Platelets: < 75,000			
☐ Hemoglobin: < 8 ☐ Hematocrit: < 27% ☐ WBC: <1,500 or	☐ Hemoglobin: < 8 ☐ Hematocrit:				t: < 27	%	<u> </u>	WBC: $<1,500 \text{ or} > 1$	5,000		
Is the patient suitable for treatment, per MD?			Is t	the patie	nt suitabl	le for t	reatment, p	per MD?			
☐ Yes ☐ No		☐ Ye	es						No		

IF THE PATIENT IS RECEIVING IV CALCIUM, CALCIUM MUST BE DISCONTINUED PRIOR TO PHOTOACTIVATION RETURN PHASE. (Calcium and Methoxsalen are not compatible)

ABMT-GEN-025 FRM2 Photopheresis Run Sheet ABMT, DUMC Durham, NC



Patient Label

Form M0345

ABMT-GEN-025 FRM2 Photopheresis Run

PHOTOPHERESIS MONITORING (Q 15 minutes)

Time	Collect		Return rate		erface	G (Q 13 III	Comments
Time	Concer	Tate	Keturn rate	1111	CHacc		Comments
re-Photoa	ctivation	Temp.	HR	RR	B/P	O ₂	
							(Electronic Medical Record)
Treatment Volume (mLs):						ose (mcgs)	:
hotoactiva	tion Time	:			Proced	lure Time:	
ost-treatm	ent	Temp	HR	RR	B/P	O	2 In EMR
							(Electronic Medical Record)
luid Balan	 ce:	<u> </u>		ı	Cleane	ed Bv:	I
						_ J •	

ABMT-GEN-025 FRM2 Photopheresis Run Sheet ABMT, DUMC Durham, NC

ABMT-GEN-025 FRM2 Photopheresis Run Sheet Instructions

Patient Label	Place a patient label with Name, MRN, DOB, and Date
D /II : 4!4	Record the room temperature and humidity at the time of CELLEX
Room Temp/Humidity	operation.
Poom Tomp/Hymidity Accontable	Check YES or NO based on the acceptable ranges listed
Room Temp/Humidity Acceptable	(Temperature: 15°C to 30°C AND Humidity 10%-75%)
Supplies Pass Visual Inspection	Check YES or NO
CELLEX SN#	Check the correct CELLEX for the procedure.
Diagnosis	Check the correct diagnosis for the patient.
Diagnosis	(If not listed ADD to blank space provided)
	Record the lot numbers and expiration dates for all supplies used
Lot # and Expiration (Exp) date for ALL supplies	during the procedure
	(Supplies NOT used do NOT require a NA in Space)
Pre-treatment Lamp Hours	Record the lamp hours before the procedure
Treatment Number	Record the patient's treatment number.
Access Type	Check the correct patient access
Needle Mode	Check the correct needle mode
	(If double needle is checked, the return rate should be 5 higher than the
	collect rate)
Current HCT, HgB, WBC, Plts, Weight, and Height	Record the patient's current (< 48hrs.) hematocrit, hemoglobin, WBC
	count, platelets, weight, and height.
Total Blood Volume (as calculated on CELLEX)	Record the volume given on the CELLEX machine.
CELLEX Predicted ECV	Record the estimated extracorporeal volume based on the patient's
	HCT% and needle mode selected.
Max Safe Extracorporeal Volumes (10% and 15%)	Record the max safe ECV at the percentage listed.
Pre-treatment	Record the patient's vital signs prior to the procedure.
	(Check-In EMR if documentation is performed in the EMR)
Notification Results for Clearance of Procedure	Check any result, not within the selected parameters.
T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	(Notification of abnormal results requires documentation in EMR)
Is the patient suitable for treatment, per MD	Check YES or NO depending on MD's clearance.
Important Information when using IV Calcium	When using IV Calcium, the infusion must be discontinued before
	the photoactivation return phase of the procedure. (Calcium and Methoxsalen are not compatible)
Discontinuosia maritania	* /
Photopheresis monitoring	Every 15 minutes, record the time, collect pressures, return pressures,
	and interface # during the collect phase of the procedure. (Note any comments and/or alarms that occurred and what relevant actions were
	taken to eliminate the alarms)
Pre-Photoactivation	Record the vital signs before photoactivation.
11C-1 Hotoactivation	(Check In EMR if documentation is performed in the EMR)
Treatment Volume	Document the treatment volume collected in mLs.
Uvadex Dose in Micrograms	Calculate Uvadex dose by using:
Ovadex Dose in Micrograms	Treatment volume (mL) multiplied by 0.017= dose of Uvadex (mL), then
	multiple doses of Uvadex by 20 mcg to find the microgram dose.
Photoactivation Time	Record the time of photoactivation.
Procedure Time	Record the total time of the procedure.
Post-treatment	Record the vital signs at the end of the procedure.
2 SS TOTAL MANAGEMENT	(Check In EMR if documentation is performed in the EMR)
Fluid Balance	Record the patient's fluid balance at the end of the procedure.
Cleaned by	Record the photopheresis nurse's initials for verification of clean
	machine at the start of the procedure and completed cleaning at the
	end of the procedure.
Signature and Date	Record the photopheresis nurse's signature completing the procedure
	and the date of the procedure.

ABMT-GEN-025 FRM2 Photopheresis Run Sheet ABMT, DUMC Durham, NC

Signature Manifest

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ABMT-GEN-025 FRM2 Photopheresis Run Sheet FRM2

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Document Release

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