



## PEDIATRIC BLOOD AND MARROW TRANSPLANT PROGRAM

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**DOCUMENT TITLE:**

Optia Leukapheresis Run Sheet FRM1

**DOCUMENT NOTES:**

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**PBMT-COLL-016 FRM1**

Name: \_\_\_\_\_

**OPTIA LEUKAPHERESIS RUN SHEET**

History #: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

(Barcode)

Machine #: \_\_\_\_\_ Machine Cleaned by: \_\_\_\_\_

Sex	Height (cm)	Weight (Kg)	Age	HCT	HgB	WBC	Platelets	CD-34	Auto	Allo	Type

Patient Total Blood Volume (TBV): \_\_\_\_\_ x 0.15 = \_\_\_\_\_ Maximum Extracorporeal Volume

Blood Prime? ☐ Yes ☐ No (If blood prime is performed, % of ECV is zero)

Optia ECV (253) ÷ Patient's TBV \_\_\_\_\_ = \_\_\_\_\_ % ECV (contact MD for %ECV &gt;15%)

Venous Access: Inlet: \_\_\_\_\_ Return: \_\_\_\_\_

Parent/Caregiver Contact Phone: \_\_\_\_\_

Pre: T \_\_\_\_ P \_\_\_\_ R \_\_\_\_ BP \_\_\_\_/\_\_\_\_ Post: T \_\_\_\_ P \_\_\_\_ R \_\_\_\_ BP \_\_\_\_/\_\_\_\_

Vital Signs documented in EMR: \_\_\_\_\_

**Run Record**

Time	Inlet Flow	Collection Preference	AC Ratio	Current Collect Volume	Comments

	Whole Blood Processed	#TBV Processed	WBC Collect Volume	Plasma Collect Volume	Run Time
Initial Values					
Final Values			AC (   )	AC (   )	

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(Barcode)

**Notify MD** if vital signs, lab results, or % ECV are out of these parameters:

<input type="checkbox"/> Temperature: > 38°C	<input type="checkbox"/> Heart Rate: < 50 or > 120
<input type="checkbox"/> Systolic BP: < 80 or > 130	<input type="checkbox"/> Diastolic BP: < 50 or > 80
<input type="checkbox"/> Hemoglobin: (If less than 50 kg) < 9 (If greater than 50 kg) < 10	<input type="checkbox"/> Platelets < 75,000
<input type="checkbox"/> Hematocrit < 30%	<input type="checkbox"/> WBC < 1,000 or > 60,000
<input type="checkbox"/> %ECV < 15 %	<input type="checkbox"/> CD 34 < 20

## Fluid Balance:

### Volume In:

Electrolyte Supp. Volume: \_\_\_\_\_ + Optia Subtotal Fluid Balance: \_\_\_\_\_ = Volume In: \_\_\_\_\_

Transfusion volume: \_\_\_\_\_ + Other: \_\_\_\_\_ = Volume In: \_\_\_\_\_

**Total Volume In:** \_\_\_\_\_

### Volume Out:

Lab Tests: \_\_\_\_\_ + Blood Loss: \_\_\_\_\_ **Total Volume Out:** \_\_\_\_\_

**Room Temp/Humidity:** \_\_\_\_\_ °C/ \_\_\_\_\_ %

**Net Fluid Balance:** \_\_\_\_\_

**Room Temp/Humidity Acceptable?** ☐ Yes ☐ No

(Acceptable ranges for Temperature 15.5°C - 27.7°C/Humidity 8% - 75%)

## Supply Records:

**Supplies Pass Visual Inspections:** ☐ Yes ☐ No

Product	Lot #	Expiration Date	Product	Lot #	Expiration Date
Optia WBC Kit			TriCitrasol		
NS 1000 mLs			Hydroxyethyl starch		
ACD 750 mLs			Sampling Site Coupler		
Triple Extension Set			Transfer Pack (plasma)		
Additional Supplies (List)			Additional Supplies (List)		

Comment: \_\_\_\_\_

Signature: \_\_\_\_\_ (Apheresis Nurse) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ (Pediatric Nurse's) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ (Physician's) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I verify that all information entered on product labels and patient labels are correct and all unique identifiers on paperwork and product bags are the same.

Initials/Date \_\_\_\_\_

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### Instructions for Completing the Optia Leukapheresis RUN Sheet

Name and History #	Record Patient name and history number (May use patient printed label).
Date, Start Time, End Time	Record date, start and end time of apheresis.
Machine#, machine cleaned by	Record serial number of the Optia machine used. Place initial in space provided to document cleaning prior and post collection.
Bar Code Label	Place unique product identifier, or bar code label in line labeled "Bar code label" on front and back of Run Sheet.
Sex, Height, Weight, Age, HCT, HgB, WBC, Platelets, CD-34	Record donor values here, in appropriate boxes. (CD-34 result comes from the Flow lab) Place N/A, if not applicable.
Auto, Allo	Check the boxes to indicate if donor is Auto or Allo.
Type of Procedure	Record type of collection (PBSC, CAR-T, etc.)
Patient's Total Blood Volume (TBV)	Record TBV as calculated by medical director if patient is <25 kg. Record Optia calculated TBV.
Maximum Extracorporeal Volume	Calculate and record (TBV x 15%)
Blood Prime	Check yes or no
Optia %ECV	Calculate and record ( $253 \div \text{TBV}$ ) <ul style="list-style-type: none"> <li>If blood prime, % ECV is zero.</li> </ul>
Venous access	Record venous access used for inlet and return.
Patient/Caregiver's Contact Number	Record the patient's/caregiver's contact phone number.
Vital Signs	Record pre and post apheresis vital signs. Record if vital signs were placed in the EMR. (Multiple sets of vital signs performed by pediatric nurse will be located in EMR).
Run Record	Record the run parameters listed in the Run Record every 30 minutes to 1 hour. Record any changes made to the default Run parameters, alarms and troubleshooting done in the comments column. Record the Initial and Final Values in the spaces provided.
Notify physician values	Check the boxes next to any abnormal values.
Fluid Balance: Electrolyte volume	Record the total volume infused as electrolytes or other medications.



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Optia Subtotal Fluid Balance	Record the subtotal volume displayed on Optia End of Run screen. This subtotal includes all fluids given by Optia minus the product volumes out counted by Optia.
Volume In	Record the total of Electrolyte volume given + Optia Subtotal Volume.
Transfusion volume + Other	Record the total transfusion volume given plus any other IV fluids given not recorded as electrolytes.
Total Volume In	Record the total of Subtotal Optia + Electrolyte/Other volume + Transfusion volume.
Lab Tests	Record the total volume of blood drawn for laboratory tests.
Blood Loss	Record the volume of any Blood loss during the Run.
Total Volume Out	Record total of lab tests + Blood Loss.
Net Fluid Balance	Subtract Total Volume Out from Total Volume In
Room Temperature & Humidity Within Range at time of collection.  <b>Note:</b> PBMT apheresis supplies are stored in the ABMT storage supply area until needed. Temp/humidity of storage supply area is documented on ABMT-GEN-021 FRM1. Refer to ABMT-GEN-021 Monitoring Temperature and Humidity.	Document the Temperature & humidity during the collection. Place check mark in the box if values are within acceptable ranges listed on the Run Sheet. Notify the Apheresis Coordinator if values are not within range and document on the PBMT-COLL-015 FRM1 <i>Temperature and Humidity Log</i> Temperature/RH Troubleshooting Log.
Supply Records	Record visual inspection of supplies prior to collection. Record the lot # and expiration for all supplies used during apheresis.
Comments	Add any procedural comments.
Signature and Date	Sign and date RUN sheet on labeled spaces. <b>*Pediatric Nurse will sign after performing a second check on the patient demographic tags and product labels. (Information on the product label verified by 2 RN staff members).</b>
Verify that all information entered on product labels and patient labels are correct and all unique identifiers on paperwork and product bags are the same.	Confirm information for accuracy with date and initial.

### Signature Manifest

**Document Number:** PBMT-COLL-016 FRM1

**Revision:** 05

**Title:** Optia Leukapheresis Run Sheet FRM1

All dates and times are in Eastern Time.

### PBMT-COLL-016 FRM1 Optia Leukapheresis Run Sheet

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#### Document Release

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