

DOCUMENT NUMBER: PBMT-COLL-016 FRM2		
DOCUMENT TITLE: Pediatric Apheresis Order Using Optia		
DOCUMENT NOTES:		
Document Information		
Revision: 02	Vault: PBMT-Collections-rel	
Status: Release	Document Type: PBMT	
Date Information		
Creation Date: 28 Jan 2021	Release Date: 11 Apr 2022	
Effective Date: 11 Apr 2022	Expiration Date:	
Control Information		
Author: MC363	Owner: MC363	
Previous Number: None	Change Number: PBMT-CCR-319	

DUKE UNIVERSITY HOSPITAL PBMT-COLL-016 FRM2

Patient Label
Barcode

Directions: Complete the form and check the appropriate boxes.			
Collection Date(s):			
Diagnosis:			
Allergies:			
Current Weight: Weight as of:			
Blood Prime Required: $(if < 50 \text{ kg}) \square$ Yes \square No			
Prepare 1 unit filtered, irradiated PRBC's to be used for patients who weigh $< 50 \text{ kgs}$.			
(If blood prime is needed: do NOT rinseback at the end of the procedure			
□ Pre-apheresis STAT labs: *Please see apheresis plan in Electronic Medical Record (EMR) for additional labs, as needed. At minimum collect: CBC/diff, CMP, and Type and Screen			
□ Pre-meds: *Please see apheresis plan in EMR for dosing. Tylenol (PO) and Benadryl (IV/PO)			
□ CMNC Apheresis Procedure:			
Total Blood Volume (TBV) = (Okay to use Optia's Collection Calculated TBV if cleared by Pediatric Apheresis Physician) □ Peripheral Blood Stem Cell Collection (PBSC)			
$ ightharpoonup Target/Endpoint: x 10^6CD34+cells/kg$			
□ Chimeric Antigen Receptor T-cell (CAR-T)			
$ ightharpoonup$ Target/Endpoint:x 10 9 CD3+cells			
□ Other:			
Target/Endpoint:			
 ☐ Monitoring: ➤ Calcium Gluconate Infusion *Please see apheresis plan in EMR for dosing. ➤ Vital Sign q15 x 1 hr. then q30 min until completion 			
□ <u>Post-apheresis:</u> ➤ Obtain post apheresis platelet count <u>if</u> pre-apheresis platelet count < 50K. (STAT)			
M.D. Date Signature / Pager #			
COMMENTS:			

Signature Manifest

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All dates and times are in Eastern Time.

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Document Release

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