



STEM CELL LABORATORY (STCL)



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Infusion Form

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STCL-SOP-050 INFUSION FORM

Stem Cell Laboratory

ISBT 128 Barcode: _____

1. Date of infusion _____ / _____ / _____ (MONTH / DAY / YEAR)
2. Start Time of infusion _____ : _____ End Time of infusion _____ : _____ HR: MIN (24 HOUR CLOCK)
3. Were pre-infusion medications administered within 2 hours of infusion?

1 ☐ Yes →

2 ☐ No ↓

Continue with question 5

5. Were emergency medications administered during or within 2 hours of infusion?

1 ☐ Yes →

2 ☐ No ↓

Continue with question 7

4. Record Medication:

Benadryl	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> NO
Hydrocortisone	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> NO
Methylprednisolone	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> NO
Mannitol	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> NO
Other, specify _____	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> NO

6. Record Medication:

Benadryl	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> NO
Hydrocortisone	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> NO
Methylprednisolone	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> NO
Mannitol	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> NO
Other, specify _____	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> NO

7. Record highest grade of complication/toxicity within 24 hours of infusion.

CTCAE v.5.0 Grading					
Toxicity	0	1	2	3	4
Infusion related reaction	<input type="checkbox"/> none	<input type="checkbox"/> Mild transient reaction; infusion interruption not indicated; intervention not indicated	<input type="checkbox"/> Therapy or infusion interruption indicated but responds promptly to symptomatic treatment (e.g., antihistamines, NSAIDS, narcotics, IV fluids); prophylactic medications indicated for ≤24 hrs.	<input type="checkbox"/> Prolonged (e.g., not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae	<input type="checkbox"/> Life-threatening consequences; urgent intervention indicated
Sinus bradycardia	<input type="checkbox"/> none	<input type="checkbox"/> Asymptomatic, intervention not indicated	<input type="checkbox"/> Symptomatic, intervention not indicated; change in medication initiated	<input type="checkbox"/> Symptomatic, intervention indicated	<input type="checkbox"/> Life-threatening consequences; urgent intervention indicated
Sinus tachycardia	<input type="checkbox"/> none	<input type="checkbox"/> Asymptomatic, intervention not indicated	<input type="checkbox"/> Symptomatic; non-urgent medical intervention indicated	<input type="checkbox"/> Urgent medical intervention indicated	
Fever (In the absence of Neutropenia, where neutropenia is defined ANC <1.0 x 10 ⁹ /L) (The temperature measurements listed are oral or tympanic)	<input type="checkbox"/> none	<input type="checkbox"/> 38.0 - 39.0 degrees C (100.4 - 102.2 degrees F)	<input type="checkbox"/> >39.0 - 40.0 degrees C (102.3 - 104.0 degrees F)	<input type="checkbox"/> >40.0 degrees C (>104.0 degrees F) for ≤24 hrs.	<input type="checkbox"/> >40.0 degrees C (>104.0 degrees F) for >24 hrs.

STCL-SOP-050 INFUSION FORM

Stem Cell Laboratory

ISBT 128 Barcode: _____

Toxicity	CTCAE v5.0 Grading				
	0	1	2	3	4
Hypotension	<input type="checkbox"/> none	<input type="checkbox"/> Asymptomatic, intervention not indicated	<input type="checkbox"/> Non-urgent medical intervention indicated	<input type="checkbox"/> Medical intervention indicated; hospitalization indicated	<input type="checkbox"/> Life-threatening consequences and urgent intervention indicated
<i>For pediatric patients, systolic BP 65mmHg or less in infants up to 1 year old and 70 mmHg or less in children older than 1 year of age, use two successive or three measurements in 24 hours</i>					
Hypertension <i>*Note: For pediatric patients, use age and sex appropriate normal values ~ 95th percentile ULN.</i>	<input type="checkbox"/> none	<input type="checkbox"/> Adult: Systolic BP 120 - 139 mm Hg or diastolic BP 80 - 89 mm Hg; <input type="checkbox"/> Pediatric: Systolic/diastolic BP >90th percentile but < 95th percentile; <input type="checkbox"/> Adolescent: BP ≥120/80 even if < 95th percentile	<input type="checkbox"/> Adult: Systolic BP 140 - 159 mm Hg or diastolic BP 90 - 99 mm Hg if previously WNL; change in baseline medical intervention indicated; recurrent or persistent (≥24 hrs.); symptomatic increase by >20 mm Hg (diastolic) or to >140/90 mm Hg; monotherapy indicated initiated; <input type="checkbox"/> Pediatric and adolescent: Recurrent or persistent (≥24 hrs.) BP >ULN; monotherapy indicated; systolic and/or diastolic BP between the 95th percentile and 5 mmHg above the 99th percentile; <input type="checkbox"/> Adolescent: Systolic between 130-139 or diastolic between 80-89 even if < 95th percentile	<input type="checkbox"/> Adult: Systolic BP ≥160 mm Hg or diastolic BP ≥100 mm Hg; medical intervention indicated; more than one drug or more intensive therapy than previously used indicated; <input type="checkbox"/> Pediatric and adolescent: Systolic and/or diastolic > 5 mmHg above the 99th percentile	<input type="checkbox"/> Adult and Pediatric: Life-threatening consequences (e.g., malignant hypertension, transient or permanent neurologic deficit, hypertensive crisis); urgent intervention indicated
Rigors, chills	<input type="checkbox"/> none	<input type="checkbox"/> Mild sensation of cold; shivering; chattering of teeth	<input type="checkbox"/> Moderate tremor of the entire body; narcotics indicated	<input type="checkbox"/> Severe or prolonged, not responsive to narcotics	
Nausea	<input type="checkbox"/> none	<input type="checkbox"/> Loss of appetite without alteration in eating habits	<input type="checkbox"/> Oral intake decreased without significant weight loss, dehydration or malnutrition	<input type="checkbox"/> Inadequate oral caloric or fluid intake; tube feeding, TPN, or hospitalization indicated	
Vomiting	<input type="checkbox"/> none	<input type="checkbox"/> Intervention not indicated	<input type="checkbox"/> Outpatient IV hydration; medical intervention indicated	<input type="checkbox"/> Tube feeding, TPN, or hospitalization indicated	<input type="checkbox"/> Life-threatening consequences
Dyspnea (shortness of breath)	<input type="checkbox"/> none	<input type="checkbox"/> Shortness of breath with moderate exertion	<input type="checkbox"/> Shortness of breath with minimal exertion; limiting instrumental ADL	<input type="checkbox"/> Shortness of breath at rest; limiting self-care ADL	<input type="checkbox"/> Life-threatening consequences; urgent intervention indicated
Hypoxia	<input type="checkbox"/> none		<input type="checkbox"/> Decreased oxygen saturation with exercise (e.g., pulse oximeter <88%); intermittent supplemental oxygen	<input type="checkbox"/> Decreased oxygen saturation at rest (e.g., pulse oximeter <88% or PaO ₂ ≤55 mm Hg)	<input type="checkbox"/> Life-threatening airway compromise; urgent intervention indicated (e.g., tracheotomy or intubation)
Hemoglobinuria	<input type="checkbox"/> none	<input type="checkbox"/> Asymptomatic; clinical or diagnostic observations only; intervention not indicated			

Comments: _____

Signature _____ Date _____

STCL-SOP-050 Infusion Form
Stem Cell Laboratory, DUMC
Durham, NC

Fax **BOTH** sides of this form to Barbara Waters-Pick (Fax # **919-684-1555**)

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Signature Manifest**Document Number:** STCL-SOP-050**Revision:** 05**Title:** Infusion Form

All dates and times are in Eastern Time.

STCL-SOP-050 Infusion Form**Author**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		11 Apr 2019, 07:51:33 PM	Approved

Management

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		11 Apr 2019, 07:51:46 PM	Approved

Medical Director

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		12 Apr 2019, 05:25:37 PM	Approved

Quality

Name/Signature	Title	Date	Meaning/Reason
Bing Shen (BS76) (BS76) for Lisa Eddinger (LE42)			
Taylor Orr (TSO4)			
Richard Bryant (RB232)		15 Apr 2019, 07:41:24 AM	Approved

Document Release

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		22 Apr 2019, 05:36:09 PM	Approved