ADULT AND PEDIATRIC BLOOD AND MARROW TRANSPLANT PROGRAM

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<th>APBMT-GEN-001 FRM3</th>
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<tr>
<td>DOCUMENT TITLE:</td>
<td>Physician Leukopheresis Procedure Note FRM3</td>
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<tr>
<td>DOCUMENT NOTES:</td>
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Document Information

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DUKE UNIVERSITY HEALTH SYSTEM

APBMT-GEN-001 FRM3 Physician Leukapheresis Procedure Note

Name: ______________________
Hx#: ______________________

Procedure Date: __/__/____

Procedure: Blood-Derived Peripheral Stem Cell Harvesting for Transplantation
Leukapheresis was performed at:
☐ Adult Bone Marrow Transplant Clinic, using the Spectra OPTIA
☐ Pediatric Bone Marrow Transplant Clinic, using the Baxter CS 3000
CPT Code: ☐ 38206 Autologous ☐ 38205 Allogenic

Rationale: The collection of stem cells, by leukapheresis, and reinfusion after the BMT chemotherapy regimen can result in a new immune system for the recipient. Leukapheresis is usually initiated when the peripheral stem cell count, or CD34, is 10 or above.
The patient/donor mononuclear cells (stem cells) were mobilized by:
☐ GCSF ☐ Chemo/GCSF ☐ Mozobil ☐ GCSF/GM-CSF ☐ Other: ______________________

The procedure was performed via the patient/donor:
☐ Central Venous Access Device ☐ Peripherally inserted IV lines ☐ Femoral Central Line

Leukapheresis was approved with the following exceptions:
☐ Temperature > 38° C ☐ Platelets <50,000
☐ Heart Rate <50 or >120 ☐ WBC <1,000 or >60,000
☐ Systolic BP <80 or >160 ☐ CD 34 <10
☐ Diastolic BP <50 or >90 ☐ %ECV >15%
☐ Hematocrit <30% ☐ %RCV >15%

Potential Side Effects:
• Citrate Toxicity: numbness and tingling of the fingers and lips. This is a side effect of the anticoagulant ACD used during leukapheresis. Calcium replacement, oral or IV, is given to prevent and treat this side effect.
• Clotting: clots can occur in the lumen of the IV catheter. These clots can be lysed, or dissolved, with Alteplase. This can be done by the apheresis nurse in the ABMT clinic.
• Catheter infection: the risk of infection occurs with any catheter insertion and may necessitate removal of the device.

Patient/Donor Status:
• Tolerated the procedure well: ☐ Yes ☐ No
• Side Effects: ☐ Citrate Toxicity ☐ Clot ☐ Infection ☐ Other: ______________________
☐ The patient/donor was seen and discussed with the apheresis nurse. Laboratory results and CD 34 count were reviewed. The plan was discussed with the apheresis nurse.
☐ Comments: ______________________

____________________________________________________________________________________

____________________________________________________________________________________

Physician Signature

APBMT-GEN-001 Physician Leukapheresis Procedure Note
Duke University Health System
Durham, NC

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Instructions for Completing the Physician Leukapheresis Procedure Note

The Physician is to complete a procedure note for each apheresis procedure.

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<tr>
<th>Field</th>
<th>Requirement</th>
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<tr>
<td>Name/Hx #</td>
<td>Record patient name and history number.</td>
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<td>Procedure Date</td>
<td>Record date of apheresis.</td>
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<td>Procedure:</td>
<td>Check appropriate box: Adult or Pediatric BMT Clinic.</td>
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<td></td>
<td>Check appropriate box for CPT Code: Autologous or Allogenic.</td>
</tr>
<tr>
<td>The patient/donor mononuclear cells</td>
<td>Check the appropriate box(s) for the method(s) of stem cell priming.</td>
</tr>
<tr>
<td>were mobilized by:</td>
<td></td>
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<tr>
<td>The procedure was performed via the patient/donor:</td>
<td>Check the appropriate IV access box the patient has for apheresis.</td>
</tr>
<tr>
<td>Leukapheresis was approved with the</td>
<td>Check the appropriate box(s) if any parameter(s) are out of the listed ranges.</td>
</tr>
<tr>
<td>following exceptions:</td>
<td></td>
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<tr>
<td>Patient/Donor Status:</td>
<td>Check the appropriate box(s) as to how the patient tolerated the procedure, and if any side effects occurred.</td>
</tr>
<tr>
<td>The patient/donor was seen. Labs and CD34</td>
<td>Check the box if patient was seen, lab results reviewed, and the patient plan was discussed with the apheresis nurse.</td>
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<tr>
<td>reviewed. The patient and plan was</td>
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<td>discussed with the apheresis nurse.</td>
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<tr>
<td>Comments</td>
<td>Check box and record any apheresis comments here.</td>
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<td>Physician Signature/Date</td>
<td>Physician is to sign and date.</td>
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DUKE UNIVERSITY HEALTH SYSTEM

APBMT-GEN-001 FRM3 Physician Leukapheresis Procedure Note

Name: Jane Doe
Hx#: XXX000

Procedure Date: 01 / 12 / 06

Procedure: Blood-Derived Peripheral Stem Cell Harvesting for Transplantation
Leukapheresis was performed at the:
☒ Adult Bone Marrow Transplant Clinic, using the Spectra OPTIA
☐ Pediatric Bone Marrow Transplant Clinic, using the Baxter CS 3000

CPT Code: ☒ 38206 Autologous ☐ 38205 Allogenic

Rationale: The collection of stem cells, by leukapheresis, and reinfusion after the BMT chemotherapy regimen can result in a new immune system for the recipient. Leukapheresis is usually initiated when the peripheral stem cell count, or CD34, is 10 or above.
The patient/donor mononuclear cells (stem cells) were mobilized by:
☐ GCSF ☒ Chemo/GCSF ☐ Mozobil ☐ GCSF/GM-CSF ☐ Other:

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☐ Heart Rate ≤ 50 or > 120 ☐ WBC < 1,000 or > 60,000
☐ Systolic BP ≤ 80 or > 160 ☐ CD 34 < 10
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☐ Hematocrit ≤ 30% ☐ %RCV > 15%

Potential Side Effects:

- Citrate Toxicity: numbness and tingling of the fingers and lips. This is a side effect of the anticoagulant ACD used during leukapheresis. Calcium replacement, oral or IV, is given to prevent and treat this side effect.
- Clotting: clots can occur in the lumen of the IV catheter. These clots can be lysed, or dissolved, with Alteplase. This can be done by the apheresis nurse in the ABMT clinic.
- Catheter infection: the risk of infection occurs with any catheter insertion and may necessitate removal of the device.

Patient/Donor Status:

- Tolerated the procedure well: ☒ Yes ☐ No
- Side Effects: ☐ Citrate Toxicity ☐ Clot ☐ Infection ☐ Other:

☒ The patient/donor was seen and discussed with the apheresis nurse. Laboratory results and CD 34 count were reviewed. The plan was discussed with the apheresis nurse.

☒ Comments: The patient was transfused with platelets

Dr. Nick Drago, MD
Physician Signature

01 / 12 / 06 Date
# Signature Manifest

**Document Number:** APBMT-GEN-001 FRM3  \n**Title:** Physician Leukapheresis Procedure Note FRM3

All dates and times are in Eastern Time.

## APBMT-GEN-001 FRM3 Physician Leukapheresis Procedure Note

### Author

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### Management

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