# Pediatric Blood and Marrow Transplant Program

## Document Number: PBMT-COLL-016 FRM2

## Document Title:
Pediatric Apheresis Order Using Optia

## Document Notes:

### Document Information

- **Revision:** 01
- **Vault:** PBMT-Collections-rel
- **Status:** Release
- **Document Type:** Collections

### Date Information

- **Creation Date:** 01 Mar 2019
- **Release Date:** 22 Mar 2019
- **Effective Date:** 22 Mar 2019
- **Expiration Date:**

### Control Information

- **Author:** MC363
- **Owner:** MC363
- **Previous Number:** None
- **Change Number:** PBMT-CCR-236

CONFIDENTIAL - Printed by: BJ42 on 22 Mar 2019 06:44:45 am
### Patient’s Information
- **Patient’s Name:**
- **History #:**
- **WT:** _____ kg  
  **DOB:**
- **Weight as of _____ (Date)**

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## DUKE UNIVERSITY HOSPITAL

### DOCTOR’S ORDERS FOR PEDIATRIC APHERESIS USING THE OPTIA

<table>
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- **Admit to:**
- **Diagnosis:**
- **Allergies:**

### Pre-apheresis labs:
- ABC + diff, CMP, Mg, Coag Panel, and Type and Screen (all labs STAT).

- **T and C for 1 unit filtered, irradiated PRBC’s to be used for patients who weigh < 50 kgs.**

- **Blood Prime Required (if < 50 kg)? (Check ONE) □ Yes □ No**
  - *(If blood prime is needed, do NOT auto-infuse at the end of the procedure.)*

### Pre-meds:
- **(mg) Tylenol (PO) (mg) Benadryl (IV)**
  - □ Dilute 2 grams in 100 mL NS in soluset. Give _____ mL/hr.
  - □ Dilute 4 grams in 100 mL NS in soluset. Give _____ mL/hr.

### CMNC Apheresis Procedure
- □ Patient ≥ 20 kg and peripheral CD34 count is < 50 CD34+ cells/ul, increase AC ratio to 15:1 and process a total of 8 blood volumes (8 BV = _____ mL) not to exceed 6 hrs.
- □ Patient ≥ 20 kg and peripheral CD34 count is ≥ 50 CD34+ cells/ul, use default AC ratio of 12:1 and process a total of 8 blood volumes (8 BV = _____ mL) not to exceed 6 hrs.
- □ Patient ≥ 20 kg and peripheral CD34 count > 100 CD34+ cells/ul, use default AC ratio of 12:1 and process a total of 5 blood volumes (5 BV = _____ mL) not to exceed 4 hrs.
- □ Patient CD3 count of ≥150/μL to be eligible for leukapheresis collection for KYMRIAH Study

- **Total Blood Volume (TBV) =**
- **Targeted Blood Volume Processed:**
- **Targeted Procedure Time NOT TO EXCEED:**
- **Product Volume NOT TO EXCEED:**
  - *(Okay to use Optia’s Collection Calculated TBV if cleared by Pediatric Apheresis Physician)*

### Monitoring:
- **Vital Signs q15 min x 1 hour then q30 min until completion.**
- **Obtain post apheresis platelet count if pre-apheresis platelet count < 50K.**
- **Flush lines as needed with heparin flush 3-5 mL of 100 units/mL (per lumen) solution.**
- **D/C patient following lab work.**

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**Signature / Pager #**

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### COMMENTS:
## Signature Manifest

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**Revision:** 01

All dates and times are in Eastern Time.

### PBMT-COLL-016 FRM2 Pediatric Apheresis Order Using Optia

#### Author

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<tr>
<td>Mary Beth Christen (MC363)</td>
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#### Medical Director

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#### Quality

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#### Document Release

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