

**MOBILE APHERESIS REQUEST FORM**

**Date:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_ **Total # procedures:** \_\_\_\_\_

**Priority Status:**  Routine  Urgent (within 24 hr)  Emergent (ASAP)

**Hospital:** \_\_\_\_\_ **Patient Name:** \_\_\_\_\_ **Gender:** M/F

**Patient Location/Rm#** \_\_\_\_\_ **Unit Tel #:** \_\_\_\_\_ **Blood Bank Tel #:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Relevant Clinical Info:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **lb/kg** **Height:** \_\_\_\_\_ **inch/cm**

**LAB VALUES:** Hgb: \_\_\_\_\_ Hct: \_\_\_\_\_ Plt: \_\_\_\_\_ WBC: \_\_\_\_\_ PTT: \_\_\_\_\_ PT-INR: \_\_\_\_\_

Cr: \_\_\_\_\_ Fibrinogen: \_\_\_\_\_ Ca: \_\_\_\_\_ Mg: \_\_\_\_\_

With TTP: \_\_\_\_\_ LDH: \_\_\_\_\_  ADAMTS13 drawn

**Able to Consent:**  Patient  Other \_\_\_\_\_

**VASCULAR ACCESS:**  Dialysis-type catheter  Venipuncture  Vortex port  AV Fistula

**Attending Physician:** \_\_\_\_\_ **Phone & Pager:** \_\_\_\_\_

**Ordering Physician:** \_\_\_\_\_ **Phone & Pager:** \_\_\_\_\_

**TYPE OF PROCEDURE:** *(standard volume exchanged in parentheses—modify as needed)*

**TPE (1PV):**

**RBCX (1 RCV):** End HCT: \_\_\_\_\_ FCR% \_\_\_\_\_

**RBC DEPLETION:** End HCT: \_\_\_\_\_

**WBC DEPLETION (2 TBV):** Target WBC Count < \_\_\_\_\_

**PLT DEPLETION (1.5 TBV)** Target Plt Count < \_\_\_\_\_

**ADDITIONAL ORDERS AS APPLICABLE:**

**Prime:**  Red cells  5% Albumin

**Fluid balance:**  Isovolemic  Positive by \_\_\_\_\_ mL  Negative by \_\_\_\_\_ mL

**Calcium Replacement:**  10 mL 10% Ca gluconate or 3.3 mL 10% CaCl<sub>2</sub> (in 100 mL NS) as needed

**FLUID REPLACEMENT:**

Plasma: \_\_\_\_\_ Units or mL

5% Albumin/plasma protein fraction \_\_\_\_\_ mL

Normal saline 0.9% \_\_\_\_\_ mL

**GUIDE INFO:** This actual form does not need to be submitted, but is your guide to the information requested by NYBC for each new patient order.

**Frequency:** How often apheresis is requested, eg. daily, every other day, or specify days.

**Urgent:** Needed as soon as possible, to be performed on the day of the order.

**Diagnosis:** Please provide the specific disease indication and condition for apheresis according to the 2013 ASFA guidelines (Schwartz J et al, JCA 2013) if possible.

**Relevant Clinical Info:** This would be information pertinent to the safety and efficacy of apheresis, such as cardiac and respiratory status, blood pressure stability, liver or renal disease, and concomitant medications.

### **Lab Values**

A current hematocrit is required for all procedures. Starting WBC/PLT count are necessary for WBC/PLT depletions. Coagulation parameters also guide procedure anti-coagulant use and fluid replacement. Ca and Mg levels guide risk of citrate toxicity. Serum creatinine guides fluid tolerance.

**Able to Consent:** If the patient is unable to consent, an authorized representative must be available for consent upon nurse arrival.

### **Type of Procedure:**

**TPE (therapeutic plasma exchange):** Fibrinogen may be depleted with daily TPE procedures using albumin replacement alone. When clinically indicated, draw fibrinogen levels at least 12 hours post-apheresis. Patient typically has a +195 mL fluid balance at the end of TPE with the Cobe Spectra device.

**RBCX (red cell exchange):** The end Hct is the desired hematocrit at the end of the procedure (eg. 30%) while the FCR is the desired Fraction of Cells Remaining of the patient's original red cells (eg. 20%).

**RBC DEPLETION:** The end Hct is the desired hematocrit at the end of the procedure.

**WBC DEPLETION:** NYBC policy is to replace the volume removed to leave patient isovolemic.

**PLT DEPLETION:** Patients typically have a positive fluid balance at the end of procedure.

### **Additional Orders as Applicable:**

**Priming** of the apheresis kit may be necessary when the patient is a child or very anemic. Consult the NYBC MD if you are unsure whether a prime is needed.

**Fluid balance** can be adjusted if the patient is hyper or hypo-volemic or has cardiac or respiratory issues. Consult the NYBC MD if you are unsure of whether fluid balance adjustment is appropriate. Apheresis is not meant to replace dialysis and the maximum volume NYBC recommends removing is 200 mL.

### **Fluid Replacement**

Indicate types and accompanying volumes of fluid replacement. Typically at least 90% of the volume is replaced with albumin for TPE. NYBC does not recommend replacing more than 30% of volume as normal saline.

### **Other Important Details**

Physician Orders must be placed, catheter placement confirmation documented (if needed), and replacement products available before a nurse will be dispatched to the hospital.

The apheresis procedure record contains a thorough accounting of the procedure, including any adverse events that occurred and the ending fluid balance from the procedure.