

Haemopoietic Progenitor Cell Harvest Booking Form

(complete for HPC harvesting by Apheresis/Bone Marrow/Venesection)

SECTION 3- RECEIVED BY BMT CNC:		REVEIUED BY HEAD OF HSCT:	
SECTION 4 – DOU/THEATRE/ AMBULATORY CARE CENTRE / PICU Bed Booking Information			
Day Oncology Unit <input type="checkbox"/>	Theatre (<i>BM Harvest</i>) <input type="checkbox"/>	Ambulatory Care Centre <input type="checkbox"/>	PICU <input type="checkbox"/>
Dates Bed Required:			
Date of Mobilisation Chemotherapy D1:		Has Patient been previously cancelled? YES / NO	
Date of Mobilisation by G-CSF D1:		Reason:	
Date to commence CD34 monitoring:			
SECTION 5 - APHERESIS			
1. Anticipated date of first harvest		_____	
2. Planned number of returns / Desired Total CD34		_____/_____	
3. Valid Cross-match required on Day of Collection?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(Confirm with Blood Bank XT:5829)			
4. Anticipated Number of days of Collection:			
5. Venous Access			
Can the Donor be collected using peripheral access?			
<input type="checkbox"/> YES – Peripheral veins must be sighted by Apheresis Nurse		<input type="checkbox"/> NO – Move to section 6	
SECTION 6 - VASCATH			
1. Vascath required?		<input type="checkbox"/> Yes <input type="checkbox"/> No Date booked: / /	
Newborn - <10kg	<input type="checkbox"/> 6.5Fr (blood flow 25-40ml/min)		
Child 10-40kg	<input type="checkbox"/> 8.5 Fr (blood flow 30-60 ml/min)		
Adolescent/ Adult	<input type="checkbox"/> 11 Fr (blood flow 50-100ml/min)		
	<input type="checkbox"/> 14 Fr (blood flow > 100 ml/min)		
3. Vascath Insertion date: / /			
Use FEMORAL VEIN ONLY , suture in place & fix with Opsite/ Tegaderm.			
4. Post operative instructions:			
<ul style="list-style-type: none"> • Bed rest only until apheresis completed and Vascath removed • Observe site according to age and level of function of patient • Minimum 4hrs bed rest post removal of Vascath 			
5. Vascath management			
<ul style="list-style-type: none"> • IV fluids - 250units Heparin diluted to total volume 50ml with N/Saline. Run at 2ml/hr down each lumen of Vascath. • If delay in starting fluids or must be disconnected for any reason, Vascath must be strong-heparin locked with Heparin 100u/ml (i.e. 1000u Heparin diluted to 10mls with N/Saline), volume to be instilled is located on each lumen of Vascath. • Label clearly with medication added label to ensure removal of Heparin upon accessing line. 			
SECTION 7- Notification/Bookings		COMPLETED BY:	
DATE:			
<input type="checkbox"/> DOU/ACC/PICU	<input type="checkbox"/> Fellow/Anaesthetics	<input type="checkbox"/> CCC Ward	
<input type="checkbox"/> Theatre	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> HO Database	
<input type="checkbox"/> Cell Therapy lab	<input type="checkbox"/> Vaccine Study Lab	<input type="checkbox"/> Admissions	