

Apheresis Donor Management Checklist

1. PURPOSE

This work instruction is a summary of actions describing management of Apheresis Donors as CCC Ward inpatients.

2. ACTIONS

On admission ensure that the G-CSF order is completed on the donor's Medicine Chart MR690/A for the duration of collections as per HSCT Physician or delegate.

2.1 Prior to the Apheresis Donor leaving the Ward, the CCC Ward Registrar or RMO;

- Will assess the donor to ensure they are haemodynamically stable.

Hb >80g/L, WBC >0.5x10⁹/L, Plt >40 x10⁹/L.

Consult HSCT Physician if the donor does not meet **ANY** of these criteria.

- Ensures that baseline Pathology investigations have been completed.
 - FBE, electrolytes, serum Ca²⁺, peripheral blood CD34 and clotting profile-if indicated.
 - Valid crossmatched unit of Packed Cells (leucodepleted and irradiated) is available, where machine blood prime is required (ie for donors weighing ≤25Kg and a TBV (80mls/Kg) ≤ 1,900ml).
- Ensures that Pathology Requests have been completed and accompany the donor to the collection facility.
 - Following each blood volume processed - Electrolytes and serum Ca²⁺.
 - Post procedure - FBE, electrolytes, serum Ca²⁺ and clotting profile.
 - Post procedure - transfusion (packed cells or platelets), crossmatched as required according to donor review post procedure.
 - HPC-A Processing (as applicable) – Cryopreservation / Fresh infusion, NCC, CD34 enumeration, CFC, Viability, Sterility and where applicable blood group, DNA storage and lymphocyte subsets.
- Ensures all medication orders are completed on the donors Medicine Chart which accompanies the donor to the collection facility.
 - For management of hypocalcaemia: Single infusion of 0.5ml/Kg, 10% Calcium Gluconate to a maximum of 30mls, diluted in 20-50mls of 0.9% Normal Saline. To be infused over one hour.
 - Post procedure Heparin infusion, for Vascath care: 5IU/ml (dilute heparin in 0.9% Normal Saline) at a rate of 2ml/hr.

2.2 During the Apheresis Procedure

The CCC Ward Registrar or Fellow must be available to review the donor and write further Medication orders and Pathology Requests as notified by the Apheresis Nurse and consult the HSCT Physician as appropriate.

2.3 Post the Apheresis Procedure the CCC Ward Registrar or RMO;

- Reviews the donor to ensure they are haemodynamically stable.
- Ceases G-CSF order as directed by HSCT Physician or delegate.
- Reviews the donor for discharge, Vascath removal and Outpatient attendances as required.

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3. REFERENCE DOCUMENTS

Management of Hypocalcaemia. AP-P-004.

Instigation of Haemopoietic Progenitor Cell Apheresis Collections. AP-P-001.