

Stem Cell / Donor Lymphocyte Collection [2261]

Apheresis Personnel ONLY to Release

General

Procedures

<input type="checkbox"/> Stem cell collection	Routine, Once Access:
<input type="checkbox"/> Donor lymphocyte collection	Routine, Once Access:
<input type="checkbox"/> Granulocytes collection	Routine, Once Access:
<input type="checkbox"/> Collection for CAR-T cell production	Routine, Once Access:

Priming Solution

<input type="checkbox"/> sodium chloride 0.9 % infusion	intravenous, continuous
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Anticoagulant Solutions

<input type="checkbox"/> anticoagulant citrate dextrose (ACD) irrigation	150 mL/hr, extracorporeal, continuous
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Pre-Procedure

Local Anesthetics (Single Response)

<input type="checkbox"/> lidocaine PF 1% (XYLOCAINE) injection	0.3 mL, injection, PRN, For 2 Doses
<input type="checkbox"/> buffered lidocaine 1% injection	0.3 mL, injection, PRN, For 2 Doses

Local Anesthetics (Single Response)

<input type="checkbox"/> lidocaine PF 1% (XYLOCAINE) injection	0.3 mL, injection, PRN, For 2 Doses
<input type="checkbox"/> lidocaine 2% buffered with 8.4% sodium bicarbonate injection	0.3 mL, injection, PRN, For 2 Doses

Antihistamine / Anti-Inflammatory

<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection	40 mg, intravenous, once, For 1 Doses

Antiemetics (Single Response)

<input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet - 4 mg	4 mg, oral, once PRN, nausea, vomiting, For 1 Doses Give if patient is able to tolerate oral medication.
<input type="checkbox"/> ondansetron (ZOFTRAN) injection - 4 mg	4 mg, intravenous, once PRN, nausea, vomiting, For 1 Doses Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 20 mL for Alaris pump syringe option - 12.5 mg	12.5 mg, intravenous, once PRN, nausea, vomiting, For 1 Doses Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
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<input type="checkbox"/> promethazine (PHENERGAN) suppository - 12.5 mg	12.5 mg, rectal, once PRN, nausea, vomiting, For 1 Doses Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

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() ondansetron (ZOFTRAN) 4 mg/2 mL injection - 4 mg	4 mg, intravenous, once PRN, nausea, vomiting, For 1 Doses Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
() promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, once PRN, nausea, vomiting, For 1 Doses Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
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() promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB - 12.5 mg	12.5 mg, intravenous, for 30 Minutes, once PRN, nausea, vomiting, For 1 Doses Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
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Antipyretic

[] acetaminophen (TYLENOL) tablet	325 mg, oral, once PRN, fever, For 2 Doses
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Hypocalcemia Prophylaxis or Treatment (Single Response)

() calcium gluconate injection	0.5 g, intravenous, once, For 1 Doses
() calcium gluconate injection	1 g, intravenous, once, For 1 Doses

Catheter Clearance

[] alteplase (TPA) for NON Quinton and Hemodialysis Catheters 1 mg	1 mg, intravenous, once, For 1 Doses
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Catheter Clearance

[] alteplase (CATHFLO) for NON Quinton and Hemodialysis Catheters 1 mg	1 mg, intravenous, once, For 1 Doses
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During Procedure

Antihistamine / Anti-Inflammatory

[] diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, once, For 1 Doses
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Post-Procedure

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Catheter Packing

<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intra-catheter, once PRN, line care, For 1 Doses
<input type="checkbox"/> HEParin, porcine (PF) injection	100 Units, intra-catheter, once PRN, line care, For 1 Doses

Labs**Pre-Procedure**

<input type="checkbox"/> CBC hemogram	Once
<input type="checkbox"/> Basic metabolic panel	Once
<input type="checkbox"/> Prothrombin time with INR	Once
<input type="checkbox"/> Partial thromboplastin time	Once
<input type="checkbox"/> Fibrinogen	Once
<input type="checkbox"/> Ionized calcium	Once
<input type="checkbox"/> CD34 enumeration	Once

Post-Procedure

<input type="checkbox"/> CBC hemogram	Once
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