

LAC+USC MEDICAL CENTER

DEPARTMENT OF NURSING SERVICES POLICY

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| Subject: Plasmapheresis, Leukopheresis, and Hemapheresis Ordering | Original Issue Date: 11/07 | Policy # 953 |
| | Supersedes: 02/16 | Effective Date: 12/20 |
| Departments Consulted: Blood Bank | Reviewed & Approved by: Professional Practice Committee Nurse Executive Committee Attending Staff Association Executive Committee | Approved by: (signature on file) Annie Marquez Interim Chief Nursing Officer |

PURPOSE

To provide the guidelines for the ordering of contracted therapeutic apheresis (Hemapheresis) procedure.

POLICY

Therapeutic apheresis (Hemapheresis) including plasmapheresis, plasma exchange, leukopheresis, plateletpheresis, and red cell exchange will be arranged by the nursing staffing office with a provider's order.

PROCEDURE

Availability

Therapeutic apheresis at LAC+USC Medical Center can be provided 24 hours a day, 7 days a week, using qualified contracted therapeutic apheresis vendor. This service can be made available on an emergency basis, as needed. If contracted vendors are not available to provide the required service, non-contracted therapeutic apheresis vendors may be contacted with administrative approval.

The staffing nursing office (ext-97401) will contact the appropriate apheresis vendor upon receipt of a completed provider's order to request apheresis with replacement fluid stipulated. Vendor will not be allowed to perform procedure without a completed provider's order.

The following information is required:

- Name and contact number of the ordering provider and attending provider
- Date(s) for procedure(s) to be performed
- Patient name and MRN number
- Unit location
- Type of apheresis including volume and replacement solution (if plasma, contact Blood Bank-see page 2)
- Number of procedures to be performed

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- Vascular access site (double lumen catheter or use of peripheral veins in rare situations when only one procedure is needed)
- Patient informed consent

Process:

Staffing Nursing Office

The staffing nursing office will contact the vendor and complete the Therapeutic Apheresis Call Documentation Log Sheet.

If contractor cannot provide service as needed, alternate vendor from approved list is to be called. The staffing nursing office will;

- Contact unit and ordering provider to relay that procedure has been ordered.
- Contact the Blood Bank if replacement solution is a plasma product. The following information is required:
 - ❖ Name and contact number of the ordering provider and attending provider
 - ❖ Date(s) for procedure(s) to be performed
 - ❖ Patient name and MRN number
 - ❖ Unit location
 - ❖ Type of apheresis including correct volume and replacement solution
 - ❖ Number of procedures to be performed
- Log Sheets shall be stored in the staffing nursing office.

RESPONSIBILITY

Nursing Staff
Medical Staff

REFERENCE

Plasmapheresis Protocol, Department of Neurology
Therapeutic Apheresis Protocol, Department of Hematology

REVISION DATES

11/2007, 02/09, 02/16, 12/20