

**OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE**

**NUMBER: 1019
VERSION: 3**

SUBJECT/TITLE: **PLASMAPHERESIS, LEUKOPHERESIS, AND HEMAPHERESIS ORDERING**

POLICY: **Therapeutic Apheresis** (Hemapheresis) including, plasmapheresis, leukopheresis, plateletpheresis, red cell removal and plasma exchange is ordered by physicians and communicated to nursing by the process delineated herein.

PURPOSE: To provide guidelines for the ordering of contracted Therapeutic Apheresis procedures

DEPARTMENTS: **NURSING**, Treatments may be performed in both inpatient as well as outpatient basis (Special Treatment Center).

DEFINITIONS: **Therapeutic Apheresis** (or Hemapheresis) is the process of removal or/or exchange of red cells, plasma, platelets or leukocytes from a patient's peripheral blood. Removal or exchange of these blood constituents is used to reduce extremely high abnormal levels of a particular blood component.

EQUIPMENT: Equipment is supplied by contractor.

SUPPLIES: Supplies are provided by the contractor, but may be supplemented by blood products acquired from blood bank by physician's order.

PROCEDURE: **STEPS/KEY POINTS:**
Any attending physician may sign an HS-2 form, and any physician may write orders for therapeutic apheresis, so long as the medical record documents that the procedure has been approved by an attending physician with privileges from one of the following departments and divisions: Department of Medicine, Division of Hematology/Oncology, Pulmonary & Critical Care, Rheumatology, or Nephrology; or Department of Neurology.

The HS-2 form shall not replace the physician's order(s), placed in the medical record, for the performance of the procedure.

COMPLETING FORM:

1. An HS-2 Form (Request for Procurement of Supplies or Services) must be completed with the following information:
 - Form to be completed by a physician; approved and co-signed by

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- an attending physician.
 - Specialty consultation (“approval”): the HS-2 form shall indicate the department and/or division which has approved the procedure, and that department and/or division shall be one of those designated above.
 - The HS-2 form shall contain the following information:
 - a. Date(s) for procedure(s) to be performed.
 - b. Name and phone extension of requestor.
 - c. Delivery location.
 - d. Number of procedures to be performed (i.e. Once daily for 5 days).
 - e. Print patient name and OV-UCLA medical record number on form.
 - f. Document patient diagnosis
 - g. Document access site.
 - h. Document contract number of contractor. (Nursing administrator’s office has this information).
 - i. Document preferred contractor from contractor’s list.
 - Phone contractor and document phone number.
 - If contractor cannot provide service as needed, alternate vendor from approved list is to be called.
2. Charge Nurse or designee is to verify HS-2 form is completed correctly.
 3. A purchase order number is not necessary. The contract number must be documented on the HS-2 Form. (See #1 above)

DISTRIBUTION OF THE FORM:

1. Send green copy of the HS-2 Form to Administrative Nursing Office/Resource Center, 2C210 (ext. 3160). ANO/RC will call contractor and order the specified procedures (Plasma/Leuko/Hemapheresis, etc). After ANO/RC logs the request, the green copy may be discarded.
2. Place yellow copy in the patient’s chart along with physician’s order.
3. The white copy must be co-signed by the Nurse Manager or designee. It will then be forwarded to Hospital Administration for approval, and then to Expenditure Management.
4. The procedure for obtaining plasma or any blood products remains the same. Contractor Nurse is to call the blood bank for blood product preparation. OV-UCLA Medical Center nursing staff/clerk are to pick up the plasma.

DOCUMENTATION:

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Refer to Dialysis log, under plasmapheresis, for documentation.

AGENCY NAMES/ADDRESSES/CONTACT PERSONS:

HemaCare Corporation

15350 Sherman Way, Suite 350
Van Nuys, CA 91406
Attention: Lauren Sanda, RN
Telephone: (818) 986-3883
FAX: (818) 986-1417

Hemostat/PhersSys Therapeutics

2305Ventura Blvd. Suite 135
Woodland Hills, CA 91364
(818) 224-3404
Fax: (818) 224-3795

References:	
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