

That Really Happened? How Best to Handle the Unexpected

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Disclosures

The following faculty and planning committee staff have no financial disclosures:

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Welcome

Amy McGarrity

AC/CC Liaison

NMDP/Be The Match

Learning Objectives

At the conclusion of this session, attendees will be able to:

- Predict possible last minute scenarios that occur before or during collection.
- Formulate strategies to manage complex donor issues.
- Discover ways to resolve unexpected issues during the donor workup and collection process.

How Best to Handle the Unexpected

Joan Myers, RN, BSN

Cell Therapy Manager

Carter BloodCare

Dallas, Texas



Case Study

- 23 year, old female, 5'5", 196 lbs
- Being evaluated by our apheresis center for a HPC collection
- Clearance documents sent to our medical team for review
- No abnormal findings on physical exam
- Negative/non-reactive disease markers
- Chemistries within normal limits
- Good peripheral veins for the collection

Complete Blood Counts

Initial CBC

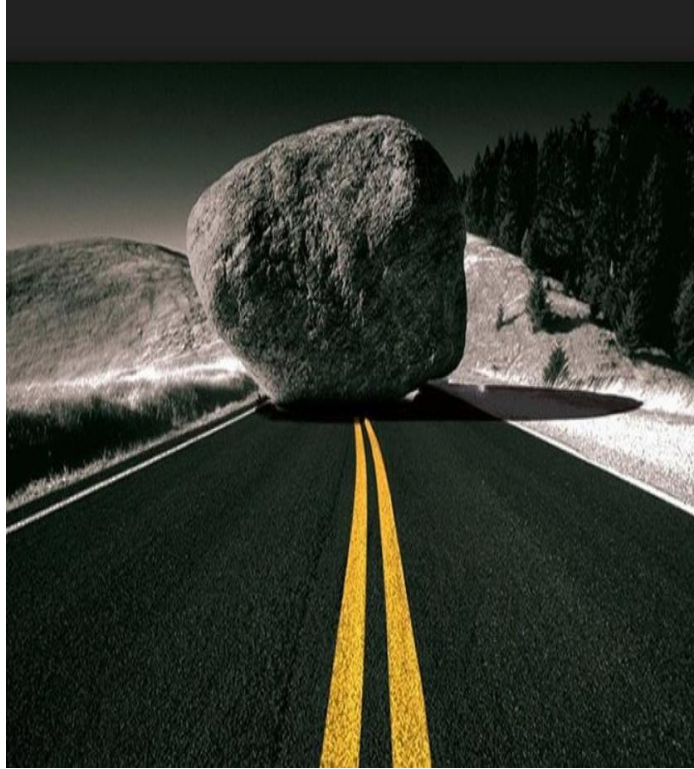
WBC: 6.5 (3.8-10.8 k/uL)
Hgb: 11.7 (13.2 -15.5 g/dL)
Hct: 36.9 (38.5 – 45.0 %)
Plt: 251 (140 -400 k/uL)

Repeat CBC

WBC: 6.5 (3.8-10.8 k/uL)
Hgb: 10.6 (11.1 -15.9 g/dL)
Hct: 33.8 (34.0 – 46.6 %)
Plt: 237 (150 -379 k/uL)

OBTAINING CLEARANCE

- Counsel donor about eating iron rich foods
- Follow up medical treatment for anemia
- Report shortness of breath or fatigue



*Transplant center wants
to delay the transplant!*



Retrieved from www.google.com



Retrieved from www.google.com

OPTIONS

- Collect donor as scheduled and have the transplant center cryopreserve the product
- Obtain donor consent to cryopreserve the cells
- Reschedule the collection for a later date
- Donor may not be available and some lab work would have to be repeated

MOTHER NATURE SHOWS NO MERCY



THE TRANSPLANT CENTER WON'T BE ABLE TO RECEIVE THE CELLS!!!



- Notified CBC MD and Stem Cell Lab of the request
- Scheduled a conference call with Carter and NMDP to discuss required documents

COORDINATING THE CELL PROCESSING

- Conference call with NMDP, CBC Medical Director, Stem Cell Lab Manager and Cell Therapy Manager
- Obtain an order for the cryopreservation of the cells
- Obtain consent to process the cells
- Obtain signed Stem Cell agreement



What Would You Do?

WWYD ?



WWYD ?

WWYD ?

QUESTIONS

How would you have handled this referral? Would you:

1. Defer the donor and resume the search for a new donor.
2. Delay the collection and have the donor start on over the counter iron therapy.
3. Accept donor and monitor her hemoglobin and hematocrit pre and post collection.

RATIONALE

1. This was the challenging search. This was 9th donor that had started the work up process. The coordinator was concerned that it may not be possible to find another suitable donor if the donor is deem unsuitable.
2. Over the counter iron therapy was not going to correct her anemia quickly. It would take six to eight weeks to achieve a therapeutic level.
3. The donor was scheduled for a followed up phone call with the donor center coordinator. She was instructed to eat iron rich foods and follow up with her primary care physician.

QUESTIONS

The transplant center wanted to delay the collection due to the hurricane. How would you have handled the request?

1. Delay the collection?

2. Proceed with the collection and cryopreserve the cells?

RATIONALE

1. If the collection was delayed some of the blood work would have to be repeated. The donor's availability was limited due to her busy college schedule.
2. Cryopreserving the cells would give the transplant center flexibility when scheduling the new transplant date. Donor availability would no longer be an issue.



Thank You!

Jenna DiLucente, MSN, RN, FNP-BC

MedStar Georgetown University Hospital
Nurse Practitioner, Blood & Marrow Collection Program

Orthostatic Hypotension:

Causes: Blood loss (bone marrow donors)

Signs & Symptoms: Pale, diaphoretic, +/- LOC, loss of peripheral vision, tingling, GI disturbances

Treatment: Lay down and elevate the feet, IV/PO fluids

Prevention: Autologous blood donation, bed rest, check orthostatic vital signs prior to ambulation, ambulate/toilet with assistance

History of Concussion/Head injury

Clarify the History: How many? LOC? Describe to me the worst one...

Example Case: “I’m not sure I fell out of a wagon once...”

The Unexpected

30 Year Old Female Potential Donor

- **Donor responses on HHSQ:**
 - Exercise Induced Asthma
 - Pregnancy complicated by HTN, syncope X1
 - Car accident causing pain in the cervical and lumbar spine
 - Febrile seizure as an infant
 - Are you in good health? YES

Physical Exam Revealed...

BMI = 39.5

Large L neck mass

2-3+ pitting edema b/l lower extremities

Poor venous access

Medical Records Revealed...

Several ER/ follow-up visits in the last 6 months for:

- Chest pain
- Abdominal pain
- Bilateral lower extremity edema
- L neck mass
- Shortness of breath
- Abnormal kidney function
- Thrombophilia work-up

Key Points

- Literacy \neq health literacy
- Controlled vs. uncontrolled conditions
- Records vs. donor account of health history

Questions



How do you identify controlled versus uncontrolled medical conditions?



What strategies to you find useful to clarify a donor's health history when they are unsure of the details?



How does health literacy affect your donors? How can we assist donors with limited health literacy during the collection process?

Scripps Green Hospital

La Jolla, CA

Laurie Cobarrubia, RN,
OCN, Clinical Transplant
Coordinator

20 years of transplant
experience

Scripps has been doing
NMDP affiliated collection
since 1995.

On average we process
approximately 500 donors
per year

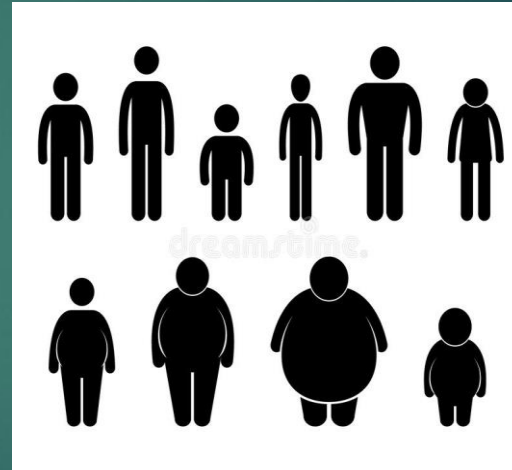


He's positive for what??

- ▶ Young male donor
- ▶ 3rd party PE
- ▶ Cleared for donation based on PE results
- ▶ Flown in the night before Day 1 mobilization
- ▶ Went to UC with painful penile discharge, syphilis screen positive
- ▶ MD on call notified who contacted Infectious disease MD on call.
- ▶ ID recommended PCN-G IM which was given in UC.
- ▶ DC coordinator contacted to alert TC of positive infectious disease
- ▶ Repeat day of collection IDM's negative for syphilis.

Size does matter

- ▶ For marrow donors: we must be able to feel the landmarks on the iliac crest to ensure that our needles will reach the bone.
- ▶ For PBSC donors: we must be able to establish adequate IV access using large gauge needles



- ▶ Donors come in all shapes and sizes. During the PE for the bone marrow donor we are evaluating not only the required testing results, but also their body habitus
- ▶ The MD's need to be able to landmark the collection site by feel
- ▶ The marrow collection needles come in different lengths, from 3 inches to 7 inches.



Donor Scenario #1

Young male requested for bone marrow donation

Weight: 247 lbs., Height 5'9"

Lab results WNL, EKG NSR

PE normal except - Body Habitus: Difficult to landmark iliac crest

What to do?

How to convey the message to the donor?

Donor Scenario #2

Young female requested for large volume PBSC donation

Weight 197 lbs., Height 5'4"

Lab results WNL

PE normal except IV access rated poor by apheresis RN

On day of collection, lab results revealed a poor mobilization that required a 30 liter collection be done

What to do?

How to convey the message to the donor?

Surprise!

Not all deferrals from donation are a bad thing. Occasionally you get a happy reason – maybe even a surprise.



Donor Scenario #3

Young female requested for PBSC donation

Lab results show a positive serum pregnancy. Informed donor of positive result.

Donor surprised and states there is no chance of being pregnant. Referred her to follow up with her OB/GYN.

Donor contacted me 3 days later to report that the urine pregnancy test was negative.

Donor returns to us again for another repeat serum pregnancy test which is again positive.

Now what??

Summary

If you have encountered situations like this, how did you handle them?

Would you have handled the scenarios differently? How?

At what point to you contact the DC to inform them?

Evaluation Reminder

Please complete the Council Meeting 2017 evaluation in order to receive continuing education credits and to provide suggestions for future topics.

We appreciate your feedback!