

# **Routine Stem Cell Transplant Inpatient Bloods**

| Mon  | Tue  | Wed                  | Thu   | Fri |
|--|--|----------------------|---|-----|
| Ciclosporin (CSA)/Tacrolimus/Sirolimus Levels (take before morning dose and not from a lumen that has been used to administer the medication in the past – this should be marked with green tape note time of last dose & time blood taken on request form¹) | Itraconazole/ Voriconazole/ Posoconazole Level (If patient receiving azole antifungal – not weekly only if 5 days after starting or changing dose) | Clotting if abnormal | Ciclosporin (CSA)/Tacrolimus/Sirolim us Levels (take before morning dose and not from a lumen that has been used to administer the medication in the past – this should be marked with green tape  Viral BMT PCR Bloods <sup>1</sup> Clotting |     |
| Viral BMT Profile (including all)  |  | 5                    | For Paediatric patients:<br>Bungs and dressing change   |     |

Daily: BMT Profile (including glucose if on TPN or Steroids)

Check individual requirements e.g. Chimerism Studies etc.

#### NOTES:

<sup>1</sup>In adults this is requested on ICE so there is no request form

#### <sup>2</sup>PCR BLOODS

All patients require routine PCR bloods for CMV, Adenovirus and EBV. CMV bloods should be repeated, at least once a week, from day 0 to day +180. Include BK virus if patient symptomatic.

## PLEASE NOTE: request BMT PCR virology on ICE.

PCR: 2mls in EDTA bottle (1 Purple). PCR bloods must be at Southmead Hospital by 10.00am, so need to be in BRI Path Lab by 08.00am.

## CHIMERISM STUDIES: consultant request

- Should not be taken on a Friday unless urgent and then if urgent send to the NHSBT using information in section 3.5 of SOP.
- Otherwise can be podded to main laboratory.
- See SOP 6.10 Chimerism Studies Following Allogeneic Stem Cell Transplant: <a href="http://nww.avon.nhs.uk/dms/download.aspx?did=8969">http://nww.avon.nhs.uk/dms/download.aspx?did=8969</a>

thors: , Clinical Nurse Specialist; , Clinical Nurse Specialist;



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| TEST  | TO BE SENT TO                           | OTHER INFO   |
|---|---|--|
| BMT Profile<br>(including glucose if on TPN<br>or steroids) | Path Lab, BRI                           | Mix gently   |
| Clotting  | Path Lab, BRI                           | Fill to line on bottle   |
| Beta glucan for suspected fungal infection                  | UKHSA Lab (Send via Path<br>lab BRI)    | ,00  |
| Virology (serology)   | UKHSA Lab (Send via Path<br>lab BRI)    | Initial virology pre-transplant  |
| X-match or group & save                                     | Path Lab, BRI                           | Complete bottle by hand and sign   |
| Antibiotic Assays (Lithium<br>heparin (Green bottle))       | Path Lab, BRI                           | Gent level: Pre 2 <sup>nd</sup> dose then every 3 <sup>rd</sup> dose. Pre dose only.  Adult Vanc Level: 1 <sup>st</sup> level to be taken pre (before) 6 <sup>th</sup> dose, then every 3 <sup>rd</sup> day. Take sample pre vanc infusion.  Paed Vanc level: Toxicity check level pre 4 <sup>th</sup> dose, but if low do not dose adjust. Repeat level pre 6 <sup>th</sup> dose (see Paediatric vancomycin dosing SOP)  Accept level pre: 10-15mg/dl |
| Ciclosporin (CSA) level                                     | Take before administering next dose     | IMPORTANT: do not take blood from lumen<br>CSA goes down; take from non green tape<br>lumen  |
| Itraconazole level  | Path Lab, BRI                           | Pre dose levels (trough)   |
| Tacrolimus Level  | Take before administering next dose     | IMPORTANT: do not take blood from lumen tacrolimus goes down;  |
| CMV/Adeno/EBV PCR (see notes)                               | UKHSA Lab (Send via Path<br>lab BRI)    | Request BMT PCR virology on ICE (analysed daily Mon-Fri)   |
| Blood Cultures  | Path Lab, BRI                           | use Vacutainer blood transfer device to inject equal amounts into each bottle  |
| Chimerism Studies   | H&I Lab, NBS (Send via Path<br>lab,BRI) | Send in H&I Lab request form 3C  |
| Platelet & White Cell antibodies                            | H&I lab, NBS (send via path lab 1BRI.)  | Platelet refractory–use form 3A<br>Platelet Immunology–use form 3D<br>Granulocyte immunology–use form 3E   |
| HLA matching (tissue typing)                                | H&I lab, NBS (send via path lab BRI.)   | Send in H & I Lab, request form 3A or 3C, complete all details on form in full.  |