

Patient Addressograph label

Department of Clinical Haematology
Oxford BMT Programme

PRE-TRANSPLANT Allograft Patient Screening Checklist & Record

	BMT Nurse Checklist <i>Done/Planned</i>	Clinician Screening: <i>Tick when checked. No need to record all results</i>	Comments: <i>Abnormal results and additional actions etc.</i>
FBC, ESR <i>EPR – ESR Careset</i>			
Blood Film <i>EPR – as written above</i>			
Clotting – PT, APPT <i>EPR – Clotting screen blood</i>			
Ferritin <i>EPR ferritin level, blood</i> <i>See protocol for VOD prophylaxis</i>			
Blood group <i>EPR – Blood group (need wristband)</i> <i>Donor/recipient group mismatch: see</i> <i>hyperlink & record on frontsheet</i>			
ABO titres <i>Only needed if donor/recipient group</i> <i>mismatched</i> <i>EPR – Antibody titres (need wristband)</i>			
U&E, LFT, Mg, calcium, glucose CRP, thyroid function, Vit D, Vit B12, Folate Gamma-glutamyl transpeptidase <i>EPR – request each one as written above</i>			
Immunoglobulins <i>EPR – Immunoglobulin & electrophoresis</i> <i>Careset</i> <i>(NB paraprotein will be included in the</i> <i>above careset for myeloma patients)</i> B2M <i>EPR – As written above</i>			

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Virology Bloods: <i>EPR - Transplant Recipient Infection Screen</i> <i>Careset</i> <i>Obtain verbal consent</i> Check CMV PCR for seropositive pts			
Verification of tissue typing, <i>EPR- HLA genotyping BMT patient</i> <i>Final typing report must be reviewed by clinician then recorded on front sheet</i>	Filed <input type="checkbox"/>		
Clotted sample for TI <i>Check with transplant immunology if required</i> <i>EPR – HLA Antibody Profile (transplant) or HLA DSA</i>			
Molecular Studies <i>EPR- request as 'post BMT chimerism monitoring' but add note: pre BMT work up store for post BMT monitoring</i>			
Dipstick urine only if symptomatic <i>If positive send for MC&S</i>			
MRSA– Nose swab <i>EPR- MRSA screen MC&S</i>			
Central line in situ? Patent? <i>If yes, arrange line cultures approx. 1 week prior to admission</i>			
Lung function tests Report on EPR			
ECG <i>Report on EPR</i>			
ECHO <i>Available electronically</i>			

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<u>Lymphoma patients only:</u> LDH Staging PET/CT <i>Report available on EPR</i>			
<u>Myeloma patients only:</u> Paraprotein & Freelite <i>EPR – Freelite Serum Free Light Chains</i> PET CT scan/ MRI Imaging if clinically indicated <i>Check with Consultant</i> <i>Report available on EPR</i>			
<u>Myelofibrosis patients only:</u> US Abdomen OGD – double check with consultant if required			
Chest X-ray or CT Chest <i>(If recent scan, check if rpt imaging is required)</i> <i>Report available on EPR</i>			
Restaging Bone Marrow test <i>(Not all lymphoma patients need this so check with consultant first)</i> <i>Report available on EPR</i>			
Allergies <i>Record on EPR</i>			
Height & Weight <i>Record most recent from: EPR/ ARIA or</i>	Wt <input type="text"/> Ht <input type="text"/> Surface Area <input type="text"/>		

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<i>LFT/ECHO report (Ht & wt are both measured before each test)</i>	Date: <input type="text"/>		
Dental assessment <i>Completed Assessment form from dentist to be scanned on to EPR</i>	Filed <input type="checkbox"/>		
Karnofsky Score Normal activity: No complaints 100% Minor signs/symptoms 90% Minor signs/symptoms, activity with effort 80% Unable to work: Cares for self 70% Some assistance 60% Requires assistance/medical care 50% <i>Refer to scoring sheet for the remaining List</i>	Score		
Trust Consent	Filed <input type="checkbox"/>		
Consent for EBMT Data	Filed <input type="checkbox"/>		
BMT MDT Proforma	Filed <input type="checkbox"/>		
NHSBT Referral Form 5071 <i>To be completed electronically & emailed from: preallograftBMT@ouh.nhs.uk to sci.oxford@nhsbt.nhs.uk</i>	Filed <input type="checkbox"/>		
Irradiated blood products: <i>Nurse to discuss with patient & give Medical Alert Card/info leaflet</i>			

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<i>Clinician to inform Blood Bank</i>		Blood Bank Informed <input type="checkbox"/>	
Fertility Related issues: Sperm stored Pregnancy test IUD? Contraceptive advice			
FRAX Score Assessment <u>Use comments section for answers</u>	<input type="checkbox"/> <i>History of previous fractures</i> <input type="checkbox"/> <i>Parental history of hip fracture</i> <input type="checkbox"/> <i>Smoking status</i> <input type="checkbox"/> <i>Glucocorticoid (steroid) use</i> <input type="checkbox"/> <i>Alcohol use (≥ 3 units/day)</i> <input type="checkbox"/> <i>Rheumatoid arthritis</i>		
Donor clearance <i>Clinician to review then BMT Nurse to file</i>	ETA: Filed <input type="checkbox"/>	Yes No Donor cleared to donate? <input type="checkbox"/> <input type="checkbox"/>	

Work up carried out by: Name	Designation	Signature	Date
Results screened by: Name	Designation	Signature	Date

Audit

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These processes are subject to the OxBMT audit programme.

Author(s)

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Circulation

NSSG Haematology Website

Name	Revision	Date	Version	Review date
Denise Wareham, BMT Coordinator	Amalgamated checklist & screening record	Jan 2016	8.0	Jan 2018
Mandy Ellis, BMT Coordinator	Minor amendments	Feb 2017	8.1	Feb 2019
Denise Wareham, BMT Coordinator Cristina Ovas, BMT Quality and Data Manager	Minor amendments to reflect current practice	Jun 2019	8.2	Jun 2021
Denise Wareham, BMT Coordinator	Removal of ECOG & addition of Karnofsky scoring Other minor amendments	Dec 2019	8.3	Jun 2021
Mandy Ellis, BMT Coordinator Sue Moore, BMT Specialist Nurse	Minor amendments	Oct 2020	8.4	Oct 2022
Denise Wareham	Addition of weight/height/surface area and full review	Feb 2021	8.5	Feb 2023
Kirsten Rendall, BMT Specialist Nurse	Minor amendments	June 2023	8.6	June 2025
Donna Constantine, Haematology Pharmacist	Removed outdated ferritin threshold	May 2025	8.7	May 2027

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Mary Delizo, BMT Physician Associate	Addition of Myelofibrosis, vitamin B12, folate and other minor amendments	Oct 2025	8.8	Oct 2027
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