

Cyclophosphamide/ATG Autologous SCT:

MRN: **Ward/Unit:**
 Name:
 DOB: **Consultant:**
 Address:
 NHS No:

Hb		Na+		Alb		Height	
WBC		K+		AIKP		Weight	
Plt		Urea		ALT		BSA	
Neuts		Cr		Bili		Date	
		GFR		TSH		Allergies :	
		Ca		T4			
		Mg		Cortisol			

Indication: Autograft in Multiple Sclerosis/Auto-immune disease

Recorded by _____ Date _____

Funding status: Baseline

Emetogenic potential: Highly emetogenic

Extravasation classification: Non- vesicant

Treatment intent: Curative

Cycle frequency and duration: N/A

Cycle number:

Signed Protocol Seen by Prescriber (tick to confirm)

Day No. Date	DRUG or ELECTRO-LYTE	CALCULATION	DOSE	IV FLUIDS	VOL. MLS.	ROUTE/FLOW RATE	SPECIAL DIRECTIONS/ADMINISTRATION DETAILS	DRUG ADMINISTRATION	TIME	Pharmacy
D -5				N/SALINE	1000ml	IV 8 hours	Line 1			
	Paracetamol	-	1000mg	PO STAT	PO STAT	PO STAT	30 minutes before Thymoglobuline			
	Chlorphenamine	-	10mg	IV STAT	IV STAT	IV STAT				
	Methylprednisolone		750mg	N/SALINE	100ml	IV 15 MIN				
	THYMOGLOBULINE (rabbit)	0.5mg/kg		N/SALINE	500ml	IV 6-8 hours	Administer centrally via 0.2/0.22 micron inline filter			
	MESNA	20mg/kg		N/SALINE	100ml	IV 15 MIN	Given with cyclophosphamide. Line 1			
	CYCLOPHOSPHAMIDE	50mg/kg (Max 4g)		N/SALINE	1000ml	IV 1 hour	Line 2. (Ensure Akyneze given 1 hour prior)			
Urine output should be maintained at >100ml/hour until 12 hours post cyclophosphamide										
				N/SALINE	1000ml	IV 6 hours	Line 2			
	MESNA	20mg/kg		N/SALINE	100ml	IV 15 MIN	3 hours after cyclophosphamide start. Line 1			
	MESNA	20mg/kg		N/SALINE	100ml	IV 15 MIN	6 hours after cyclophosphamide start. Line 1			
				N/SALINE	1000ml	IV 6 hours	Line 2			
	MESNA	20mg/kg		N/SALINE	100ml	IV 15 MIN	9 hours after cyclophosphamide start. Line 1			

Prescriber sig.....name..... Date: Nurse sig..... name..... Date..... Pharmacist sig..... name..... Date.....

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D -4				N/SALINE	1000ml	IV 8 hours	Line 1			
	Paracetamol	-	1000mg	PO STAT	PO STAT	PO STAT	30 minutes before Thymoglobuline			
	Chlorphenamine	-	10mg	IV STAT	IV STAT	IV STAT				
	Methylprednisolone		750mg	N/SALINE	100ml	IV 15 MIN				
	THYMOGLOBULINE (rabbit)	1mg/kg		N/SALINE	500ml	IV 6-8 hours	Administer centrally via 0.2/0.22 micron inline filter			
	MESNA	20mg/kg		N/SALINE	100ml	IV 15 MIN	Given with cyclophosphamide. Line 1			
	CYCLOPHOSPHAMIDE	50mg/kg (Max 4g)		N/SALINE	1000ml	IV 1 hour	Line 2.			
<i>Urine output should be maintained at >100ml/hour until 12 hours post cyclophosphamide</i>										
				N/SALINE	1000ml	IV 6 hours	Line 2			
	MESNA	20mg/kg		N/SALINE	100ml	IV 15 MIN	3 hours after cyclophosphamide start. Line 1			
	MESNA	20mg/kg		N/SALINE	100ml	IV 15 MIN	6 hours after cyclophosphamide start. Line 1			
				N/SALINE	1000ml	IV 6 hours	Line 2			
	MESNA	20mg/kg		N/SALINE	100ml	IV 15 MIN	9 hours after cyclophosphamide start. Line 1			

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D -3					N/SALINE	1000ml	IV 8 hours	Line 1			
		Paracetamol	-	1000mg	PO STAT	PO STAT	PO STAT	30 minutes before Thymoglobuline			
		Chlorphenamine	-	10mg	IV STAT	IV STAT	IV STAT				
		Methylprednisolone		750mg	N/SALINE	100ml	IV 15 MIN				
		THYMOGLOBULINE (rabbit)	1.5mg/kg		N/SALINE	500ml	IV 6-8 hours	Administer centrally via 0.2/0.22 micron inline filter			
		MESNA	20mg/kg		N/SALINE	100ml	IV 15 MIN	Given with cyclophosphamide. Line 1			
		CYCLOPHOSPHAMIDE	50mg/kg (Max 4g)		N/SALINE	1000ml	IV 1 hour	Line 2.			
Urine output should be maintained at >100ml/hour until 12 hours post cyclophosphamide											
					N/SALINE	1000ml	IV 6 hours	Line 2			
		MESNA	20mg/kg		N/SALINE	100ml	IV 15 MIN	3 hours after cyclophosphamide start. Line 1			
		MESNA	20mg/kg		N/SALINE	100ml	IV 15 MIN	6 hours after cyclophosphamide start. Line 1			
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				N/SALINE	1000ml	IV 8 hours	Line 1	Sig.	Sig.	
D-2	Paracetamol	-	1000mg	PO STAT	PO STAT	PO STAT	30 minutes before Thymoglobuline			
	Chlorphenamine	-	10mg	IV STAT	IV STAT	IV STAT				
	Methylprednisolone		750mg	N/SALINE	100ml	IV 15 MIN				
	THYMOGLOBULINE (rabbit)	1.5mg/kg		N/SALINE	500ml	IV 6-8 hours	Administer centrally via 0.2/0.22 micron inline filter			
	MESNA	20mg/kg		N/SALINE	100ml	IV 15 MIN	Given with cyclophosphamide. Line 1			
	CYCLOPHOSPHAMIDE	50mg/kg (Max 4g)		N/SALINE	1000ml	IV 1 hour	Line 2.			

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									Sig.	Sig.		
D -1				N/SALINE	1000ml	IV 8 hours	Line 1					
	Paracetamol	-	1000mg	PO STAT	PO STAT	PO STAT	30 minutes before Thymoglobulin					
	Chlorphenamine	-	10mg	IV STAT	IV STAT	IV STAT						
	Methylprednisolone		750mg	N/SALINE	100ml	IV 15 MIN						
	THYMOGLOBULINE (rabbit)	1.5mg/kg		N/SALINE	500ml	IV 6-8 hours	Administer centrally via 0.2/0.22 micron inline filter					
D 0	Stem Cell Infusion											

Other Information

Methylprednisolone reduced to 75% of 1000mg due to predicted CYP 3A4 drug interaction with Akynzeo (as per aprepitant SPC)

Cyclophosphamide:

If actual weight is less than ideal weight (IBW), dose by actual weight

If actual weight is greater than ideal weight (IBW), dose by adjusted weight (AIBW)

AIBW = IBW + 0.25 x (actual body weight - IBW).

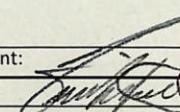
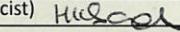
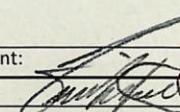
IBW for men (kg) = 50 + 0.91 x (height in cm -152)

IBW for women (kg) = 45 + 0.91 x (height in cm -152)

Maximum cyclophosphamide dose per day is 4 grams per day (Total 16g over 4 days)

Patients must have their urine tested by dipstick for blood prior to starting cyclophosphamide. Test urine for blood and protein following cyclophosphamide. If present inform medical staff to review. For further information consult trust guideline CG1220 via trust intranet.

Akynzeo: Patients should NOT take any 5-HT3 antagonists (such as ondansetron) for 5 days following Akynzeo

Rota code: HROTA457	Issue date: Aug 2025	Written by: Steve Hill	Authorised by: Consultant: 	Page: 6 of 6
Version no. 1.0	Valid until: Next Review	Checked by (Pharmacist) 	Clinical Nurse Specialist: 	Reference: Sheffield Teaching Hospitals Protocol

Cyclophosphamide/ATG Autologous SCT:

MRN:	Ward/Unit:	Proceed rules, valid within 96 hours:			
Name:		Drug	Neuts	Platelets	Renal
DOB:	Consultant:	Cyclophosphamide	<1.0 x 10 ⁹ /L— check with prescriber	< 100 x 10 ⁹ /L—check with prescriber	GFR ≥30ml/min—no dose adjustment required GFR < 30ml/min—contact prescriber
Address:					No dose adjustments required
NHS No:					

Medications to be prescribed on PICS

Anti-emetics	Supportive medication
<ul style="list-style-type: none"> Akyntzeo 1 capsule PO 1 hour prior to cyclophosphamide on day -5 (stop ondansetron/5-HT3 antagonists before commencing Akyntzeo. 5-HT3 antagonists should not be prescribed for 5 days following Akyntzeo) Metoclopramide 10mg TDS PO/IV for 5 days from D-5, then PRN 	<ul style="list-style-type: none"> Prednisolone PO wean as follows : <ul style="list-style-type: none"> * 60mg OD from Day 0 to Day +2 * 40mg OD from Day +3 to Day +4 * 20mg OD from Day +5 until engraftment (Neutrophils > 0.5 x 10⁹ for 2 consecutive days) * 10mg OD post engraftment for 2 days, then stop Aciclovir 400mg BD PO Antifungal prophylaxis: as per Q Pulse policy Lansoprazole 30mg OD Norethisterone 5mg PO TDS if pre-menopausal Benzydamine 0.15% Mouthwash 10ml QDS Chlorhexidine 0.2% Mouthwash 10ml QDS Pegfilgrastim 6mg SC on day + 1 Furosemide 20mg IV TDS PRN to maintain urine output—Ensure urine output >100ml/hour until 12 hours post cyclophosphamide

Prescriber sig.....name..... Date: Nurse sig..... name..... Date..... Pharmacist sig..... name..... Date.....