

ONCOLOGY / SCT CARD

Dana-Farber Cancer Institute – Children's Hospital

Medical Directors

SCT – Leslie Lehmann, MD 632-4923 pg# 44023
ONC – Jennifer Mack, MD 632-6818 pg# 42860
JFC – Lewis Silverman, MD 632-5285 pg# 44034

Useful Numbers

	DFCI	CH
Blood Bank		355-6260
Chemistry Lab		355-6733
Hematology Lab		355-6639
Heme/Path DF	632-3268	
Jimmy Fund Clinic	632-3293	
Lab Control		355-6351
Medical Records	632-3225	355-7546
Microbiology Lab		355-7485
Page - Direct	632-2337	355-7243
Page - Operator	632-3352	355-6363
Pharmacy (JFC/CH)	632-3785	355-8935
Pharmacy (24hr CH)		355-6807
Oncology/ HSCT CH pharmacist		pg# 0494
Pedi Psych-Soc Service	632-5425	

TUMOR LYSIS THERAPY:

Alkalinization; D5W w/HCO3 75 mEq/L @ 3000 mL/m2/day (2x/maint)
Goal= urine pH 7-8, adjust as needed
Hyperuricemia: Allopurinol: <6yo: 50 mg PO TID/ >6yo: 100 mg PO TID
IV needs pre-approval: 100 mg/m2 IV q8h- 3.3 g/kg IV q8h
Rasburicase 0.15-0.2 mg/kg x 1 dose (max 5 doses)-evaluate daily

ANALGESICS (starting dose)

PCA: Pain SVC attending signs 1st order – onc resident orders adjustments
Codeine*- 0.5-1mg/kg/dose PO q4-6h
Fentanyl*- 0.5-2 mcg/kg/dose q1h- consult Pain Team for PCA use
Hydromorphone (Dilaudid)- 0.015 mg/kg/dose IV/SQ q3-4h
0.06 mg/kg/dose PO q3-4h
Meperidine*(Demerol) 1-1.5 mg/kg/dose IV/PO q3-4h
Methadone 0.1 mg/kg/dose PO q4h x 2-3 doses,
then q6-12h PRN (MAX: 10mg/dose)
Morphine* 0.1-0.2 mg/kg/dose IV/SQ q2-3h or 0.3 mg/kg/dose PO q3-4h
Morphine SR (MS Contin) (15mg & 30mg tabs): daily morphine IR dose/BID
Oxycodone <50 kg: initial: 0.2 mg/kg q 3-4 h
≥50 kg: Moderate to severe pain: initial: 10 mg q3-4 h
Oxycodone SR (10mg & 20mg tabs): daily oxycodone IR dose ÷ BID

Conscious sedation:

Fentanyl* 1 mcg/kg/dose x1-2/ rare 3rd. (MAX/dose: 100 mcg)
Midazolam (versed) 0.05 - 0.1 mg/kg/dose IM/IV- may repeat x1 (MAX single dose: 2mg MAX total dose: 6mg)

...reversal agents

Opioids: Naloxone (Narcan) 0.05-0.1 mg/kg/dose IM/IV/SQ/ET Q2-3min. Reversal w/ severe pain, dilute 1:10 / give in increments
Benzodiazepines: Flumazenil (Romazicon) 0.01 mg/kg/dose IV (MAX 0.2m repeat qmin to MAX 1mg/repeat q20min to MAX 3mg/hr)*Requires renal adjustment (consult formulary for calculations)

ANTIHYPERTENSIVES

Amlodipine: 0.1 mg/kg PO QDAY. (MAX 10 mg/day)
Clonidine: PO 5-10 mcg/kg/day/BID-TID. (MAX 900 mcg/day)
Transdermal = total daily dose (100/200/300 mcg patch)-change q7day
Hydralazine*: starting PO: 0.25 mg/kg/dose q4-6h prn (MAX 100 mg/day)
Starting IV: 0.1-0.2 mg/kg/dose IV q4-6h prn. (MAX 3.5 mg/kg/day)
Minoxidil: <12yo: 0.1-0.2 mg/kg/day QDAY. (MAX 5 mg/day-1 q3 days)
>12 yo: initial dose: 5 mg PO QDAY- 1 q3 days
Usual dose: 10-40 mg QDAY. (MAX 100 mg/day)
Nifedipine: 0.25-0.5 mg/kg/dose SL q 4-6h prn.
(MAX 10mg/dose)
Nifedipine SR(Procardia XL) (tabs 30 & 60 mg): daily nifedipine pm dose

ANTIMICROBIALS

Acyclovir (HSV) IV 750 mg/m2/day/q8h or
PO 80mg/kg/day/q6h. (MAX 1Gm/day)
(VZV) IV 1500mg/m2/day/q8h or PO 80 mg/kg/day/QID(MAX 4 Gm/day)
Ambisome: (liposomal amphotericin: IV 3-5 mg/kg q24h
Atovaquone: PO (1-3mo & >24mo) 30 mg/kg QDAY ;(4-24mo) 45 mg/kg QDAY
Aztreonam: IV 120 mg/kg/q6h. (MAX 8 Gm/day)
Cefepime*: IV 150 mg/kg/day/q8h (MAX 6 Gm/day)
Ceftriaxone: IV 50-75 mg/kg/day q24h. (MAX 2 Gm/day; CNS 4 Gm/day - q12h)
Cephalexin: PO 25-100 mg/kg/day/q6h. (MAX 4G/day)
Ciprofloxacin: PO/IV 20-30/kg/day ÷ q12h PO/IV. (MAX PO 2G/day; IV 800mg/day)
Clindamycin: PO 10 -30 mg/kg/day/q8h (MAX 1.8 Gm/day)
IV 24 -40 mg/kg/day/q8h (MAX 2.7 Gm/day)
Dapsone: PO 2 mg/kg QDAY (MAX 100 mg/day) or 4 mg/kg qWk (MAX 200mg/dose)
Famciclovir*: PO- adults dosage: 1500 mg/day/q8h
Fluconazole*: O/P/esophageal candidiasis: IV/PO Load: 6 mg/kg x1 dose
Gentamicin*: IV (≥1mo <10yo) 7.5 mg/kg/day/q8h;
(>10yo) 6mg/kg/day/q8h (↓ levels)
Meropenem* IV 60-120 mg/kg/day/q8h (MAX 6 Gm/day)
Metronidazole IV/PO 30 mg/kg/day/q6h (MAX 4 Gm/day); C.diff: 20 mg/kg/day/q6h (MAX 2 Gm/day)
Miconazole: IV 3-4 mg/kg/day/q24h (MAX: 150 mg)
Pentamidine*: Rx:
IV 4 mg/kg/day/q24h; PCP ppx: IV 4 mg/kg/day/q24h x 3 doses
then 4 mg/kg/day q2wks; Neb: 300 mg/day q2wk SCT -or Q mo
Trimethoprim-sulfamethoxazole: Rx IV 20 mg/kg/day/q6h (MAX 4 Gm)
PCP ppx: PO 5 mg/kg/day/BID (MAX 320 mg TMP/day);
ValGANCyclovir*: <15kg Induction: PO 30-40 mg/kg/day/q12
maintenance: PO 15-20 mg/kg/dose/Q24h
>15kg induction: PO 1 Gm/m2/day/q12 (MAX 900 mg/DOSE)
maintenance: PO 500 mg/m2/DOSE/q24h (MAX 900mg/DOSE)
ValAcyclovir*: 40 -50 mg/kg/day/q8h (MAX 1G/dose)
ppx: 15 mg/kg/day/q24h (MAX 1 Gm/dose)
Vancomycin*: IV 40-60 mg/kg/day/q8h (MAX 1G/dose) (↓ trough)
C.diff PO 500 mg/day/q6h (MAX 2 Gm/day)
Voriconazole*: IV 12 mg/kg/day/q12 (x 1day) then, 8 mg/kg/day/q12 (↓ levels)
PO <40kg: 400 mg/day/q12 (x 1 day) then, 200 mg/day/q12 (↓ levels)
≥40kg: 800 mg/day/q12 (x1day) then, 400 mg/day/q12 (↓ levels)
*Renal adjustment required (consult formulary for renal dosage)

Oncology/SCT Card continued on next page →

Oncology

BLOOD PRODUCTS: All blood products must be irradiated, leuko-reduced
Platelet transfusions : infuse over 60 minutes
0 - <12 kg: 1 unit 36- <96 kg: 4-8 units
12-36 kg: 2-3 units > 96kg: call blood bank
PRBC 10-15 mL/kg (250-300 mL/unit) @ MAX rate: 5 mL/kg/hr

CONSTIPATION MEDS

...Maintenance

Docusate(Colace): PO (10 mg/mL OR 50 & 100 mg/tab)
10 x age (yrs)/QDay or QID (MAX 500 mg/day)
Lactulose: child: 2.5-7.5 mL PO QDay after breakfast
Adult: 15-30 mL/day PO QDay. (MAX 60 mL/day)
Miralax PO dosage: 0.3 Gm/kg/QDay (MAX 17 Gm <30kg)
Senokot(Senna) PO dosage:
43.6 mg/mL (1.76 mg/mL sennoside) OR 187 mg/tab (8.6 mg/tab sennoside)
<6yo: 2.5-5mL(1 tab)/QDay or BID
6-12yo: 5-10mL(1-2 tabs) /QDay or BID
>12yo: 10-15mL(2-3 tabs)/QDay or BID (MAX 30mL or 8 tabs/day)

...Evacuation

"Chocolate Bomb" PO: senna liquid 15-30 mL (adult MAX 90 mL) + mineral oil 5-15mL (>5yo) + Milk of Magnesium 5-30 mL (adult MAX 60mL) mixed in 4oz ice cream
Lactulose PO infants: 1-3 mL/TID child: 15-30 mL/TID adult: 30-45mL q2h prn
Magnesium Citrate (oral) : <6yo: 2 mL/kg x1 dose
6-12yo: 100-150 mL x1dose >12yo: 150-300 mL x1 dose
Mineral Oil (oral): 5-11yo 5-20 mL >12 yo 15-45 mL x1 dose
Miralax: 10-30kg 8.5gm (MAX bid); adults 17gm (MAX bid)
Senokot(Senna) oral: <6yo: 20-30 mL(4-6 tabs) x1dose
6-12yo: 30-45 mL(6-9 tabs)x1dose >12yo: 60-90 mL(12-18 tabs)x1dose

GUT PROTECTION/ ANTACIDS

Maalox (200 mg MgOH; 225 mg ALOH per 5 mL): PO 5-10 mL TID prn
Mylanta Cherry (400mg CaCO3- MgOH 135mg per 5mL): 400mg TID prn (MAX 2.4 Gm/day)
Mylanta gelcaps: (550 mg CaCO3 125 mg MgOH per cap): 1-2 PO TID prn
Pantoprazole: 0.5 - 1 mg/kg/day/q24h (MAX 80 mg/day)
Ranitidine: PO 2mg/kg/dose q12h (MAX 300 mg/day)
IV 3-5mg/kg/day/q8h. Adult: IV 150mg/day/8h.
Sucralfate(Carafate): 10-20mg/kg/dose PO q6h. (MAX 4 Gm/day)

MISCELLANEOUS

Benztyropine(Cogentin): IV/PO <3yo not recommended.
>3yo 0.02-0.05 mg/kg/dose QDAY or BID. (MAX 8 mg/day)
Cyclosporine (Neoral): conversion: 1mg IV = 2-2.5 mg PO
Magnesium supplements: 10-20 mg ELEM Mag/kg/dose PO BID-QID
Mg Gluconate: 500 mg tab- 27 mg ELEM Mag (2 meq Mag)
Mg Oxide: 400 mg tab- 241 mg ELEM Mag (20 meq Mag)
Mg Sulfate: 500 mg/mL- 49 mg ELEM Mag (4 meq Mag)
Potassium Iodide 1 Gm/ mL (SSKI) (pre-MIBG)
1gtt TID x5days (1 day before/ 4 days after injection)
Tacrolimus conversion: 1mg IV = 2mg PO
Alteplase (tPA): instill, draw back @1-4h, may repeat x1
Conc: 2mg/2mL; dose by line volume (see tPA chart)
Ursodiol: PO 7.5 mg/kg BID (MAX 300mg BID)
VZIG: 1 vial/10 kg (max:5 vials) IM w/in 96h of exposure round up

MOUTH CARE: (begin if PMH mucositis/thrush)
Nystatin suspension 100,000 unit/mL 2-5 mL/dose PO BID to QID
Clotrimazole troches 10 mg troche/dose PO 3-5 x per day

SUPPORTIVE CARE:

Filgrastim SQ 5 mCg/kg/day + QDAY (24-36 hr post chemo/continue until post-nadir)
Pegfilgrastim SQ 6mg/QDAY x 1dose (>45kg only)

ANTIEMETIC ALGORITHM

Acute N/V- N/V from chemo/xrt) on Rx day & 24-48 hrs after
Delayed N/V- N/V from chemo/XRT >48 hrs after Rx

PROPHYLAXIS OF ACUTE SYMPTOMS:

Highly emetogenic: ondansetron, dexamethasone, lorazepam, scopolamine patch
Moderately/Mildly emetogenic: ondansetron

RESCUE FOR ACUTE SYMPTOMS: advance up ladder-

1. Ondansetron
2. Dexamethasone
3. Lorazepam
4. Scopolamine patch
5. Dronabinol
6. Metoclopramide
7. Pentobarbital

PROPHYLAXIS OF DELAYED SYMPTOMS:

Highly emetogenic: ondansetron, dexamethasone (w/ wean)
Moderately emetogenic: none. As above if breakthrough w/in 24h
Mildly emetogenic: none

TREATMENT OF DELAYED SYMPTOMS:

1. Dexamethasone
2. Metoclopramide (w/ diphenhydramine)
3. Lorazepam
4. Dronabinol

ANTIEMETIC DOSING:

Aprepitant: use w/ ondansetron >45kg: 125 mg/day 1 then, 80mg Qday x 2days
Dexamethasone (Decadron): *Contraindicated w/ pulmonary XRT
Day1: <1m2: 10 mg/m2; ≥1m2: 10-20 mg IV/PO QDAY
Subsequent doses: max 16 mg/day, consider BID
Diphenhydramine : - 0.5-1mg/kg PO/IV q6h. (MAX 50MG)
Dronabinol (Marinol): 2.5-5mg/m2/dose PO q3-4h
NB: Contraindicated in <6yo, clinical depression; caution 6-12yo)
Lorazepam: 0.025mg/kg IV/PO q6h (rare 0.05mg/kg). (MAX 2mg/dose)
Metoclopramide: acute: IV 1 mg/kg x1dose, then 0.05 mg/kg q4-6h
delayed: 0.5 mg/kg/dose IV/PO q4-6h (w/ diphenhydramine prn EPS)
MAX: 7 mg/kg/day Give benadryl x 24h if >1dose/24h period
Ondansetron (Zofran): IV/PO unit dosing guidelines

Discontinue 48h post chemo vs. ineffective

Weight	24h dose	8hr dose
<5 kg	2mg	0.15mg/kg/dose
5-10 kg	4mg	(round)
10-15kg	6mg	2mg
15-20kg	8mg	
20-25kg	10mg	4mg
25-30kg	12mg	
30-40kg	16mg	6mg
40-50kg	18mg	
>50kg	28mg	8mg

Pentobarbital (nembutal): 2mg/kg IV/PO q4-6h
Adult 50-100mg/ (MAX 100mg)
Scopolamine Patch: >40kg: 1.5mg patch behind ear q72h
*Requires renal adjustment (consult formulary for correct adjustments)