

Stem Cell Transplantation

Common Complications & Management

Infections: Remain a significant cause of morbidity and mortality

- **Viral:** EBV, CMV, Adenovirus, HHV6, BK virus & JC virus (hemorrhagic cystitis)
- **Fungal:** Candida, Aspergillosis, PJP
- Empiric management post-SCT (often varies according to patient needs)
 - Pre-engraftment
 - Frequently high dose Bactrim for a PJP cleanout pre-stem cell infusion
 - Fungal prophylaxis, usually fluconazole
 - Viral prophylaxis if HSV or CMV positive, usually with acyclovir
 - IVIG for IgG <400
 - Ongoing treatment for any known chronic infections
 - Post-engraftment to day +100
 - Continue fungal prophylaxis, generally until off immunosuppression
 - Start PJP prophylaxis, generally initially with pentamidine and then Bactrim once transfusion independent (Bactrim can be mildly myelosuppressive)
 - IVIG for IgG <400
 - Ongoing treatment for any known chronic infections
 - Not allowed to go to school/public indoor places for 6 to 9 months post-transplant

Order Sets - Use Whenever Possible!

- ☐ Onc Admit order set
- ☐ Onc new ALL order set (induction)
- ☐ Onc Anti-Emetics
- ☐ Onc Constipation plan
- ☐ Onc Sepsis (Fever & Neutropenia) plan
- ☐ Onc tumor lysis syndrome - one for allopurinol, one for rasburicase
- ☐ Onc platelets plan
- ☐ Onc pRBC plan
- ☐ Onc PJP prophylaxis
- ☐ Onc CVL occlusion plan
- ☐ Onc/ ICU intermittent electrolyte replacement plan