Da8ni8\

# EUVAS ANCA-Vasculitis for Immunology

Cyclophosphamide 15 mg/kg (or dose adjusted per protocol)day 1 every 2 weeks for 3 cycles

Then Cyclophosphamide 15 mg/kg (or dose adjusted per protocol) day 1 every 3 weeks until remission then a further 3 months.

**Maximum dose 1200mg per pulse**

Attach label and sign, or complete

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MRN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cycle Number | Date of last cycle | Height | | | Weight | | | | BSA | | | Allergies | | | | | | | | | | |
| Dose adjust for age, renal and nadir WCC per protocol. **Do not proceed if WCC <1.0 x 109/L**  Confirmation to proceed with treatment has been received **Y N** | | | | | | | | | | | | | | | | | | | | | | |
| *Medication* | | | *Dose & Route* | Cycle Day / / | | | | | | Cycle Day / / | | | | | | Cycle Day / / | | | | | | |
| *Signature* | | | | | | *Signature* | | | | | | *Signature* | | | | | | |
| *Date*  *Given* | | *Time*  *Given* | *Given* | *Checked* | | *Date*  *Given* | *Time Given* | | *Given* | | *Checked* | | *Date*  *Given* | | *Time*  *Given* | | *Given* | *Checked* |
| Granisetron 30mins prior to chemo | | | 2 mg PO |  | |  |  |  | |  |  | |  | |  | |  | |  | |  |  |
| Dexamethasone 30mins prior to chemo | | | 8 mg PO |  | |  |  |  | |  |  | |  | |  | |  | |  | |  |  |
| Normal Saline 100 mL over 15 mins | | |  |  | |  |  |  | |  |  | |  | |  | |  | |  | |  |  |
| Cyclophosphamide IV in 100 mL NS over 30 min  15 mg/kg or dose adjusted per protocol  **Max dose per pulse 1200mg** | | | IV |  | |  |  |  | |  |  | |  | |  | |  | |  | |  |  |
| Patients weight | | |  |  | |  |  | | |  |  | |  | | | |  | |  | |  | |
| Mesna \_\_\_\_\_\_\_\_\_\_ mg (equal to Cyclophosphamide dose) in 500mL NS over 30mins *if patient has experienced bladder symptoms* | | | IV |  | |  |  |  | |  |  | |  | |  | |  | |  | |  |  |
| Normal Saline 100 mL over 15min | | |  |  | |  |  |  | |  |  | |  | |  | |  | |  | |  |  |
| Metoclopramide (To Take Home) | | | 10 mg QID |  | |  |  | | |  |  | | |  | |  | |  | |  | | |
| Granisetron (To Take Home) D2,D3 | | | 2 mg PO |  | |  |  | | |  |  | | |  | |  | |  | |  | | |
| For First Dose Consultant to confirm Dosage: Name / Pager Signature | | | | | | | | | | | | | | | | | | | | | | |
| Prescriber Name / Pager Prescriber signature Date | | | | | | | | | | | | | | | | | | | | | | |