

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

BMT RIC BU2FLUATG

**MISMATCHED UNRELATED OR MISMATCHED RELATED DONOR ALLOGENEIC STEM CELL TRANSPLANT
REDUCED INTENSITY CONDITIONING with BUSULFAN, FLUDARABINE and ANTI-THYMOCYTE GLOBULIN**

(items with check boxes must be selected to be ordered)

(Page 1 of 4)

Date: _____ Time: _____

☐ Consent signed for chemotherapy

Must be completed prior to ordering chemotherapy: This woman of child bearing potential has been assessed for the possibility of pregnancy.

Prescriber signature

Printed name

College ID

Time Processed
RN/LPN Initials
Comments

Chemotherapy Dosing Calculations

Height: _____ cm

Actual Weight: _____ kg

▪ Document height and weight on Nursing Assessment Form and must be co-signed by 2 RNs

$$BMI(kg/m^2) = \frac{Weight(kg)}{[Height(m)]^2}$$

https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm

BMI = _____ kg/m²

Ideal Body Weight:

Male = 50 + 0.91 (height in cm – 152.4)

Female = 45.5 + 0.91 (height in cm – 152.4)

Ideal Body Weight = _____ kg

Adjusted Body Weight (ABW):

ABW = Ideal Body Weight (IBW) + 0.4(Actual Body Weight – IBW)

Adjusted Body Weight = _____ kg

$$BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}$$

BSA = _____ m²

Adjusted BSA = _____ m²

Round all BSA calculations to 2 decimal places

Use Adjusted body weight or Adjusted BSA to calculate chemotherapy doses when Ideal Body Weight is less than Actual Weight

MONITORING:

During each anti-thymocyte globulin (rabbit) infusion: Monitor vital signs Q15MIN x 4; then Q30MIN x 4; then Q4H

LABORATORY:

Day +2 (date): _____ draw cycloSPORINE level and repeat every Monday and Thursday.

Day +1 (date): _____, day+3 (date): _____, day +6 (date): _____ draw serum creatinine and bilirubin level in AM for methotrexate dosing.

Day +7 (date): _____ draw CMV PCR then repeat every Monday through day +100 or longer if indicated.

Day +7 (date): _____ draw EBV PCR then repeat every Monday through day+100 or longer if indicated.

Prescriber's Signature
BMT10-02

Printed Name
VCH.VA.PPO.751 | Rev.JUL.2022

College ID

**Vancouver
CoastalHealth**
VA: VGH / UBC / GFS
VC: BP / Purdy / GPC

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BCCA Code for PCIS order entry: BMTNOS

All intensive chemotherapy and transplant chemotherapy orders require 2 prescriber signatures, one of whom must be an attending physician.

fludarabine _____ mg (30 mg/m², round to nearest 5 mg) in dextrose 5% (D5W) IV daily over 30 minutes at 09:00. Adjust dose when CrCl is 70 mL/min or less. Refer to Notes to Prescriber.

Start day -8 (date) _____ to day -4 (date) _____. Total of 5 doses.

LORazepam 1 mg PO/SL/IV Q6H (at 09:00, 15:00, 21:00, 03:00) for seizure prophylaxis. Start at 09:00.

Start day -5 (date): _____ to day -3 (date): _____.

busulfan _____ mg (3.2 mg/kg, round to nearest 5 mg) in sodium chloride 0.9% (NS) IV daily over 3 hours at 10:00.

Start day -5 (date): _____ to day -4 (date): _____. Total of 2 doses.

antithymocyte globulin rabbit (THYMOGLOBULIN) _____ mg (1.5 mg/kg, actual body weight, round to nearest 5 mg) IV daily at 09:00.

Start day -3 (date): _____ to day -1 (date): _____. Total of 3 doses

Premedications for each antithymocyte globulin rabbit infusion:

diphenhydramine 50 mg PO x 1 dose one hour prior to, and Q4H during the infusion

acetaminophen 650 mg PO x 1 dose one hour prior to, and Q4H during the infusion

hydrocortisone 100 mg IV x 1 dose one hour prior

Infuse antithymocyte globulin rabbit through an in-line 0.2 micron filter. Initial dose (day -3) to be infused over 8 to 12 hours (up to 24 hours). If no reaction, subsequent doses can be infused over a minimum of 4 hours.

Confirm with Pharmacy before each dose.

Hematopoietic progenitor cells to be infused on day 0 (date): _____.

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Graft versus Host Disease Prophylaxis:

BCCA Code for PCIS order entry: NOT COVERED

cycloSPORINE _____ mg (1.5 mg/kg, use actual weight, round dose to nearest 5 mg) in dextrose 5% (D5W) IV Q12H at 06:00 and 18:00. Infuse over 4 hours. Start at 18:00 on day -2 (date) _____

methotrexate _____ mg (5 mg/m², round to nearest 1 mg) IV over 20 minutes on the following dates:

day +1 (date): _____, day +3 (date): _____, and day +6 (date): _____.

Administer first dose at least 24 hours after hematopoietic progenitor infusion.

Check with prescriber prior to each dose.

SUPPORTIVE CARE:

ursodiol (choose ONE dosing regimen only):

- ☐ 250 mg PO BID (for weight less than 40 kg)
- ☐ 250 mg PO Q0800 and 500 mg PO Q2000 (for weight 40 kg to 70 kg)
- ☐ 500 mg PO BID (for weight greater than 70 kg)

Start day -10 (date): _____ and continue until day +90 (date): _____

allopurinol 300 mg PO daily x 10 days for all patients not in remission at time of hematopoietic progenitor cell infusion. Start on day -9 (date): _____.

If HSV seropositive recipient give:

- ☐ valACYclovir 500 mg PO BID. Start day +1 (date): _____.

Antiemetics: as per completed ANTIEMETIC REGIMEN-LEUKEMIA/BMT (#412) PRE-PRINTED orders.

Fever orders: as per completed INITIAL FEBRILE NEUTROPENIA OR INFECTION MANAGEMENT- INPATIENT (#302) PRE-PRINTED Orders.

Cell Infusion: as per completed INFUSION of HEMATOPOIETIC PROGENITOR CELLS or THERAPEUTIC CELLS (#503) PRE-PRINTED Orders.

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NOTES TO PRESCRIBER (Unit Clerk/Pharmacy do not process – reminders for Prescriber only).

If CrCl is 70 mL/min or lower, decrease fludarabine dose by 20%. Reassess need for dose adjustment daily.

If HBsAg or Anti-HBc positive start lamivudine 100 mg PO daily (complete Special Authority Form) and continue for at least 12 months post-transplant or longer if patient continues immunosuppressive drugs.

PJP prophylaxis should be started by day +28 and continue until at least 12 months post transplant or longer if patient continues immunosuppressive drugs.

Continue VZV prophylaxis until at least 12 months post transplant or longer if patient continues immunosuppressive drugs.

Refer to L/BMT manual for methotrexate dosing guidelines.

Prescriber's Signature
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