Vancouver CoastalHealth
VA: VGH / UBCH / GFS
VC: BP / Purdy / GPC

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

GVHD PROPHYLAXIS (Cyclosporine/Methotrexate)

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

Time Processed
RN/LPN Initials
Comments

Date: _____ **Time:** _____

Chemotherapy Dosing Calculations	
Height: _____ **cm**	**Actual Weight:** _____ **kg**
▪ Height and weight to be verified by 2 RNs ▪ Document height and weight on Nursing Assessment Form	
$BMI(kg/m^2) = \frac{Weight(kg)}{[Height(m)]^2}$ **OR** 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
$BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}$ Round all BSA calculations to 2 decimal places	**BSA =** _____ **m²** **Adjusted BSA =** _____ **m²**

LABORATORY:

Serum creatinine and bilirubin (total and direct) level in AM of each methotrexate dose.
cycloSPORINE levels: draw first trough level at 05:30 on Day +2 (date) _____, then repeat every Monday and Thursday

MEDICATIONS:

BCCA Code for PCIS order entry: not covered
All intensive chemotherapy and transplant chemotherapy orders require 2 prescriber signatures, one of whom must be an attending physician.

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:

Use Adjusted BSA to calculate methotrexate dose when Ideal Body Weight is less than Actual Weight
Check with prescriber prior to giving each dose of methotrexate.
methotrexate _____ mg (15 mg/m², round to nearest 1 mg) IV over 20 minutes.
Administer at least 24 hours after hematopoietic progenitor cell infusion.
Start on Day +1 (date) _____
methotrexate _____ mg (10 mg/m², round to nearest 1 mg) IV over 20 minutes.
Give on Day +3 (date) _____, Day +6 (date) _____,
and Day +11 (date) _____.

_____ _____ _____
Prescriber's Signature | Printed Name | College ID