

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

BMT CYATGAM SAA
RELATED DONOR ALLOGENEIC TRANSPLANT FOR SEVERE APLASTIC ANEMIA
CONDITIONING THERAPY with CYCLOPHOSPHAMIDE and ANTI-THYMOCYTE GLOBULIN

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

(Page 1 of 3)

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's signature

Printed name

College ID

Chemotherapy Dosing Calculations

Height: _____ cm

Actual Weight: _____ kg

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

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

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

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

BSA = _____ m²

Round all BSA calculations to 2 decimal places

Adjusted BSA = _____ m²

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

MONITORING:

Urine hemastix once prior to starting cyclophosphamide, then once daily until 48 hours after the completion of cyclophosphamide. Start day -5 (date): _____

Measure in/output Q4H during hyperhydration with cyclophosphamide. See Supportive Care.

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

Time Processed
RN/LPN Initials
Comments

Prescriber's Signature
CYATG

Printed Name
VCH.VA.PPO.291 | Rev.JUL.2022

College ID

Vancouver Coastal Health
VA: VGH / UBC / GFS
VC: BP / Purdy / GPC

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LABORATORY:

Day 0 (date): _____ draw cycloSPORINE trough level at 05:30 and repeat every Monday and Thursday.
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.

HYPERHYDRATION:

potassium chloride _____ mEq and magnesium sulphate _____ g in dextrose 5%-sodium chloride 0.45% (D5 1/2 NS) 1000 mL IV at _____ mL/h (3000 mL/m²/day) at 06:00 starting on day -5 (date): _____ and continue until 48 hours after last dose of cyclophosphamide, then decrease to 100 mL/h.

CHEMOTHERAPY:

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.

cyclophosphamide _____ mg (50 mg/kg, round to the nearest 100mg) in sodium chloride 0.9% (NS) IV over 2 hours at 10:00 daily.

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

furosemide 20 mg IV after the completion of each dose of cyclophosphamide.

antithymocyte globulin, equine (ATGAM) test dose: 0.1 mL of 1: 1000 (5 micrograms) dilution in sodium chloride 0.9% (NS) intradermally and contralateral saline control at 08:00 on day -4 (date): _____. If no local reaction occurs within one hour, proceed with full dose.

antithymocyte globulin, equine (ATGAM) _____ mg (30 mg/kg, actual body weight, round to nearest 25 mg) IV at 12:00 daily.

Start day -4 (date): _____ to day -2 (date): _____. Total of 3 doses.

One hour prior to each antithymocyte globulin, equine (ATGAM) dose, pre-medicate with:

diphenhydramine 50 mg IV x 1 dose
acetaminophen 650 mg PO x 1 dose
methylPREDNISolone _____ mg (2 mg/kg) IV x 1 dose

Infuse through an in-line 0.2 micron filter. Initial dose to be infused over 6 to 12 hours. If no reaction, subsequent doses can be infused over a minimum of 4 hours. Confirm with Pharmacy before each dose.

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Hematopoietic progenitor cells to be infused on day 0 (date): _____ at least 48 hours after last dose of cyclophosphamide.

SUPPORTIVE CARE:

furosemide 20 mg IV x 1 dose PRN if output less than 400 mL in a 4 hour period during hyperhydration for cyclophosphamide.

ursodiol (choose ONE dosing regimen only):

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

Start day -6 (date): _____ and continue until day +90 (date): _____

micafungin 100 mg IV daily.

Start day +1 (date): _____.

If HSV seropositive recipient give:

- ☐ valACYclovir 500 mg PO BID *OR* acyclovir _____ mg (5 mg/kg, round to nearest 25 mg, use ideal body weight if patient BMI is 30 or greater) IV Q12H.
Start day +1 (date): _____.

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

Fever orders: as per completed FEBRILE NEUTROPENIA – INPATIENT INITIAL MANAGEMENT (#302) PRE-PRINTED ORDERS

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

Graft versus Host Disease: as per completed GVHD PROPHYLAXIS (Cyclosporine/Methotrexate) (#24) PRE-PRINTED ORDERS

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

If HBsAg or Anti-HBc positive start lamivudine 100 mg PO daily (complete Special Authority Form) and continue until 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.

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