

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

BMT – TBUmeI CHEMOTHERAPY ORDERS - INPATIENT
AUTOGRAFT FOR SECONDARY CNS LYMPHOMA

(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.

Physician'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

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

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

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

Round all BSA calculations to 2 decimal places

Actual BSA = _____ m²

Ideal BSA = _____ m²

Use Ideal Body Weight to calculate Ideal BSA.

Use Actual Weight or Actual BSA to calculate thiotepa and busulfan doses when Actual Weight is less than Ideal Body Weight

Prescriber's Signature

Printed Name

College ID

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

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Date: _____ Time: _____

Time Processed
RN/LPN Initials
Comments**Chemotherapy:**

BCCA Code for PCIS order entry: BMTNOS

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

MEDICATIONS:

allopurinol 300 mg PO daily. Start day -7 (date): _____ to day 0 (date): _____.

Note: for thiotepa, use Ideal BSA to calculate dose. Use Actual BSA only when Actual BSA is less than Ideal BSA

thiotepa _____ mg (250 mg/m², round to nearest 10 mg) in sodium chloride 0.9% IV over 3 hours at 10:00 daily.

Give on day -6 (date): _____ and day -5 (date): _____. Total of 2 doses.

Patient should shower at least four times a day on day -6 to -5 to minimize skin toxicity from thiotepa and continue for 24 hours after last dose. Special attention should be given to the skin fold areas. Do not use lotions or creams. With every shower, the patient's clothes, linens, and central line dressing should be changed.

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 -4 (date): _____ to day -1 (date): _____. Total of 3 doses.

Note: for busulfan, use Ideal Body Weight to calculate dose. Use Actual Weight only when Actual Weight is less than Ideal Body Weight.

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

Give on day -4 (date): _____, day -3 (date): _____, and day -2 (date): _____. Total of 3 doses.

melphalan _____ mg (100 mg/m², **use Actual BSA**, round to nearest 5 mg) in sodium chloride 0.9% IV.

Give on day -1 (date): _____ at 10:00.

Due to short stability, each bag of melphalan must be administered over 30 to 60 minutes. Pharmacy will determine the bag volume as melphalan concentration must be between 0.1 to 0.45 mg/mL. Doses greater than 250 mg will be divided into TWO bags based upon concentration. Contact Pharmacy at local 63587 when the first bag is started so the second bag can be prepared.

Hematopoietic progenitor cells to be infused on day 0 (date): _____ at least 24 hours after completion of melphalan.

Prescriber's Signature _____

Printed Name _____

College ID _____

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Supportive Care:

ursodiol (choose ONE dosing regimen only):

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

Start on day -7 (date): _____ and continue until day +30 (date): _____

fluconazole 400 mg IV or PO daily. Start on 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 of 30 kg/m² or greater) IV Q12H.

Start on day +1 (date): _____

filgrastim as per completed FILGRASTIM (G-CSF) (#276) PRE-PRINTED ORDER.

Start on Day +7 (date): _____ and continue until ANC is greater than 0.5

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 Orders

NOTES TO PHYSICIAN (UC/Pharmacy do not process – reminders for Physician only).

If HBsAg or Anti-HBc positive start lamiVUDine 100 mg PO daily (complete Special Authority Form) and continue for 6 months post-transplant.

PCP prophylaxis should be started by day+28 and continued for 3 months post SCT.

Prescriber's Signature

Printed Name

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