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

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

Donor-specific HLA Antibodies Desensitization for Matched Unrelated, Mismatched Related/Unrelated or Cord Blood Transplant

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

Date: _____ **Time:** _____

Time Processed
RN/LPN Initials
Comments

☐ Compassionate Access Program approval for bortezomib and riTUXimab for this patient received from BCC Leukemia/BMT prescriber who obtained approval: _____
Date approved _____

☐ Consent signed for 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**
$BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}$ Round all BSA calculations to 2 decimal places	**BSA =** _____ **m²**

Dose to be calculated using actual BSA.

MONITORING:
Vital signs immediately before the start of riTUXimab infusion, then Q30MIN, then at 30 minutes after the end of infusion.

LABORATORY: HLA antibody level to be drawn as follows (testing can be batched EXCEPT IVIG):
Prior to start of bortezomib on Day -31 (date): _____
Prior to starting plasma exchange on Day -16 (date): _____
Prior to giving riTUXimab on Day -11 (date): _____
Prior to giving intravenous immunoglobulin (IVIG) on Day -10 (date): _____(testing this day to be done STAT and reviewed by MD prior to admission for SCT; target MFI for DSAs of less than 2000)
On transplant Day -1 on (date): _____, Day 0 (date): _____, and Day +3 (date): _____

MEDICATIONS:

Start day of transplant conditioning (date):_____, transplant day 0 (date): _____

PHASE 1:

bortezomib (1.3 mg/m² rounded to the nearest 0.1 mg) _____ mg subcutaneously every 4 days for 4 doses.
Start 3 weeks before admission for stem cell transplantation. Day -31 (date): _____, Day -27 (date):_____, Day -23 (date):_____, and Day -19 (date):_____.
Last dose of bortezomib to be completed the week prior to starting plasma exchange.

PHASE 2: plasma exchange:

Perform every other day for total of 3 exchanges:
Day - 16 (date) _____, Day -14 (date) _____, and Day -12 (date) _____.
Plasma exchange to be completed the week prior to admission. Plasma exchange to be performed as per completed APHERESIS UNIT PROCEDURE: THERAPEUTIC PLASMA EXCHANGE (PPO# 79) PRE-PRINTED ORDERS.

Prescriber's Signature | Printed Name | College ID

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PHASE 3:

Pre-medications:

acetaminophen 650 mg PO prior to riTUXimab and Q4H during the infusion

diphenhydrAMINE 50 mg PO prior to riTUXimab and Q4H during the infusion

Other: _____

riTUXimab:

Do not start treatment with riTUXimab after 13:00 unless presciber is in the building during entire time of dosage increases and until patient is at stable infusion rate.

RIXIMYO brand will be dispensed for riTUXimab IV unless prior approval for RITUXAN received from BC Cancer
☐ BC Cancer Compassionate Program Approval for RITUXAN obtained _____ (date)

riTUXimab (375 mg/m^2, rounded to the nearest 50 mg)_____mg in sodium chloride 0.9% (NS) IV for one dose. Give on Day -11 (date) _____. Give one day after the last plasma exchange.

Start infusion at 50 mg/h. After 60 minutes, increase rate by 50 mg/h every 30 minutes until rate equals 400 mg/h unless toxicity* occurs.

*If BP falls to less than 80/50 mmHg, pulse increases to greater than 120, or if flushing, dyspnea, rigors, rash, new pruritus, vomiting, chest pain or any other new acute discomfort occurs, stop riTUXimab infusion and page prescriber.

After recovery of symptoms, restart riTUXimab infusion at one infusion rate below the rate at which the reaction occurred and continue with escalation of infusion rates on the appropriate schedule above. If the infusion must be stopped a second time, restart after clearance of symptoms, at one infusion rate lower and continue at that rate without further escalation.

Support Medications : Have available treatment room

diphenhydrAMINE 50 mg IV Q4H PRN hypersensitivity reaction
epinephrine 1 mg/mL (1:1000) solution 0.5 mg (0.5 mL) IM (preferred route if platelet count above 50 x 10^9/L)
OR SUBCUTANEOUS Q5 to 15MIN PRN anaphylaxis or hypotension
hydrocortisone 100 mg IV x1 PRN hypersensitivity reaction
salbutamol 5 mg nebule for inhalation by nebulizer Q2 to 4H PRN dyspnea

PHASE 4: intravenous immunoglobulin (IVIG)

Give on Day -10 (date) _____, one day after ritTUXimab infusion.
See IVIG INTRAVENOUS IMMUNE GLOBULIN (VCH.0048) PRE-PRINTED ORDERS

DISCHARGE: Patient may leave when riTUXimab infusion is complete and patient is stable for 30 minutes

NOTES TO PRESCRIBER (Pharmacy do not process – reminders for Prescriber only).
The days of the medication administration are modifiable as required to meet accommodations for appointment times.
If VZV seropositive, start valACYclovir 500 mg PO daily and continue for entire duration of chemotherapy and/or bortezomib and for 4 weeks after discontinuation.
If HbsAg or anti-HBc positive, start lamiVUDine 100 mg PO daily (complete Special Authority Form) and continue for the entire duration of chemotherapy and for six months afterwards

Prescriber's Signature | Printed Name | College ID