

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

BMT 09-01: UMBILICAL CORD BLOOD TRANSPLANTATION AS TREATMENT OF ADULT PATIENTS WITH HEMATOLOGIC MALIGNANCIES

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

(Page 1 of 3)

Date: _____ Time: _____

Time Processed
RN/LPN Initials
Comments

☐ **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

- Height and weight to be verified by 2 RNs
- Document height and weight on Nursing Assessment Form

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

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

Adjusted BSA = _____ m²

Round all BSA calculations to 2 decimal places

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

LABORATORY:

Day 0 (date): _____ draw TACrolimus level 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.

Day +7 (date): _____ draw HAdV PCR then repeat every Tuesday until instructed by physician to stop.

Prescriber's Signature
BMTUCBT

Printed Name
VCH.VA.PPO.599 | Rev.JUL.2022

College ID

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

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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.

Total Body Irradiation 150 cGy BID. Start day -9 (date): _____ to day -6 (date): _____.

Total Body Irradiation 150 cGy ONCE on day -5 (date): _____.

fludarabine _____ mg (*40 mg/m², round to nearest 5 mg) in D5W IV DAILY over 60 minutes at 10:00 (after TBI). *Adjust dose when CrCL is 70 mL/min or less.

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

Day 0 (date): _____ at _____ (time) (6 hours prior to infusion of umbilical cord blood cells) start NS at _____ mL/h (3 mL/kg/h) and continue until 12 hours after completion of cell infusion then decrease to _____ mL/h.

Umbilical Cord Blood to be infused on day 0 (date): _____ a minimum of 48 hours after completion of fludarabine.

SUPPORTIVE CARE:

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

filgrastim: as per completed FILGRASTIM (G-CSF) (#276) PRE-PRINTED ORDERS

Start day +1 (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 of 30 or greater) IV Q12H.

ciprofloxacin 500 mg PO BID *OR* 400 mg IV Q12H.

Start day +1 (date): _____.

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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

GRAFT VERSUS HOST DISEASE PROPHYLAXIS:

TACrolimus _____ mg (0.03 mg/kg actual body wt, round to nearest 0.1 mg) in D5W DAILY continuous IV infusion over 24 hours.

Start day -2 (date): _____.

mycophenolate mofetil: 1000 mg PO TID

Start day -3 (date): _____ to day +60 (date): _____

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

* If CrCL is 70 mL/min or lower decrease fludarabine dose by 20%.

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 continue until at least 12 months post transplant or longer if patient continues immunosuppressive drug

Continue VZV prophylaxis until at least 6 months post transplant or longer if patient continues immunosuppressive drugs.

Check IgG levels at day +30 then monthly. If low give IVIG 0.4 g/kg/month.

Physician to initiate Special Authority Request for mycophenolate mofetil.

If no aGVHD at day +60, taper mycophenolate mofetil per physician discretion.

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