

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

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

**MELPHALAN CHEMOTHERAPY ORDERS (BMTMM0301)
 INPATIENT AUTOGRAFT FOR MULTIPLE MYELOMA**

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

(Page 1 of 2)

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

Time
 Processed
 RN/LPN Initials
 Comments

Chemotherapy Dosing Calculations

Height: _____ cm	Actual Weight: _____ kg
<ul style="list-style-type: none"> 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 http://www.nhlbisupport.com/bmi/	BMI = _____ kg/ m ²
Ideal Body Weight:	
Male = 50 + 0.91 (height in cm – 152.4)	Ideal Body Weight = _____ kg
Female = 45.5 + 0.91 (height in cm – 152.4)	
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 = _____ m ²
Round all BSA calculations to 2 decimal places	Adjusted BSA = _____ m ²

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

LABORATORY: On day -1 (date): _____
 serum protein electrophoresis, quantitative immunoglobulins, serum light chain

INTRAVENOUS:

On day -1 (date) _____ at 10:00 start:

potassium chloride _____ mmol/L + magnesium sulphate _____ g/L in NS IV at 250 mL/h and continue until 2 hours post-melphalan infusion, then decrease to _____ mL/h.

 Prescriber's Signature
 BMTMM03-01M

 Printed Name
 VCH.VA.PPO.330 | Rev.JUL.2022

 College ID

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

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

MELPHALAN CHEMOTHERAPY ORDERS (BMTMM0301)

INPATIENT AUTOGRAFT FOR MULTIPLE MYELOMA

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

(Page 2 of 2)

Date: _____

Time: _____

Time
Processed
RN/LPN Initials
Comments

CHEMOTHERAPY:

- BCCA Code for PCIS order entry: BMTMM0301

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

melphalan
(check one)

melphalan dose	Creatinine Clearance (mL/min)
<input type="checkbox"/> 200 mg/m ²	50 or greater
<input type="checkbox"/> 140 mg/m ²	Less than 50

(rounded to the nearest 5 mg) _____ mg IV in NS**

Start on day -1 (date): _____

**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. Hold IV hydration on day of stem cell product infusion.

SUPPORTIVE CARE:

fluCONazole 400 mg IV/PO DAILY. Start day + 1 (date): _____

If HSV seropositive, give:

☐ valACYClovir 500 mg PO DAILY OR acyclovir _____ mg (5 mg/kg) 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**Stem cell product orders:** as per completed INFUSION OF HEMATOPOIETIC PROGENITOR CELLS (MARROW OR APHERESIS) OR THERAPEUTIC CELLS (T-CELLS) (# 503) PRE-PRINTED ORDERS**NOTES TO PHYSICIAN** (Unit Clerk/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.

Consider shingles prophylaxis starting day +28 in patients with a recent history of shingles and continue for 4 weeks.

Prescriber's Signature
BMTMM03-01M

Printed Name
VCH.VA.PPO.330 | Rev.JUL.2022

College ID