

**ORDERS**

ADDRESSOGRAPH

**COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS**

**BMT CY & TBI (1200) CHEMOTHERAPY ORDERS**

(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

Time  
Processed  
RN/LPN Initials  
Comments

**Chemotherapy Dosing Calculations**

Height: _____ cm	Actual Weight: _____ kg
<ul style="list-style-type: none"> <li>Height and weight to be verified by 2 RNs</li> <li>Document height and weight on Nursing Assessment Form</li> </ul>	
$BMI(kg/m^2) = \frac{Weight(kg)}{[Height(m)]^2}$ OR <a href="https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm">https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm</a>	BMI = _____ kg/m <sup>2</sup>
<b>Ideal Body Weight:</b>	
Male = 50 + 0.91 (height in cm – 152.4) Female = 45.5 + 0.91 (height in cm – 152.4)	Ideal Body Weight = _____ kg
<b>Adjusted Body Weight (ABW):</b>	
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 <sup>2</sup>
Round all BSA calculations to 2 decimal places	Adjusted BSA = _____ m <sup>2</sup>

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

**MONITORING:**

Urine hemastix once daily until discharge.  
Measure in/output Q4H during hyperhydration with cyclophosphamide.  
If output less than 400 mL during a 4-hour period give:  
furosemide 20 mg IV.

**LABORATORY:**

Day 0 (date): \_\_\_\_\_ draw cyclosporine level and repeat every Monday and Thursday.  
Day +7 (date): \_\_\_\_\_ draw CMV PCR then repeat every Monday through day +100 or longer if indicated.

\_\_\_\_\_  
Prescriber's Signature  
CYTBIC

\_\_\_\_\_  
Printed Name  
VCH.VA.PPO.25 | Rev.JUL.2022

\_\_\_\_\_  
College ID



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.*

Patient received Intrathecal Chemotherapy: ☐ yes ☐ no (check one, MD to assess)

If yes, Intrathecal chemotherapy last administered on (date): \_\_\_\_\_

IV hyperhydration: potassium chloride \_\_\_\_\_ mmol and magnesium sulphate \_\_\_\_\_ g in dextrose 5%-sodium chloride 0.45% (D5 1/2 NS) 1000 mL at \_\_\_\_\_ mL/h (3000 mL/m<sup>2</sup>/day) at 06:00 starting on day -6 (date): \_\_\_\_\_ and continue until 48 hours after last dose of cyclophosphamide then decrease to \_\_\_\_\_ mL/h.

cyclophosphamide \_\_\_\_\_ mg (50 mg/kg, round to nearest 100 mg) in NS IV over 2 hours at 10:00 DAILY.

Give day-6 (date): \_\_\_\_\_, day -5 (date): \_\_\_\_\_, and day-4 (date): \_\_\_\_\_. Total of 3 doses.

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

TBI (200 cGy BID) on day -3 (date): \_\_\_\_\_, day -2 (date): \_\_\_\_\_, day-1(date): \_\_\_\_\_,

Hematopoietic progenitor cells to be infused on day 0 (date): \_\_\_\_\_.

**Stem cell infusion can be performed immediately after the last dose of TBI; in this case day -1 becomes day 0.**

Note: cycloSPORINE should begin 48 hours prior to stem cell infusion.

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**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 on day -7 (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 Orders.

**Graft versus Host Disease:** as per completed GVHD PROPHYLAXIS (Cyclosporine/Methotrexate) (#24) 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.

PCP 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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