



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

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

BMT MA FLUTREOATG

RELATED OR UNRELATED DONOR ALLOGENEIC STEM CELL TRANSPLANT

MYELOABLATIVE CONDITIONING WITH FLUDARABINE, TREOSULFAN, AND ANTITHYMOCYTE GLOBULIN

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

(Page 1 of 4)

Date: _____ Time: _____

☐ Consent signed for chemotherapy

Must be completed prior to ordering chemotherapy: This person of child bearing potential has been assessed for the possibility of pregnancy.

Prescriber'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 nurses

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

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

Adjusted Body Weight (ABW):

ABW = Ideal Body Weight (IBW) + 0.4(Actual Body Weight - IBW)

Adjusted Body Weight = _____ kg

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

Round all BSA calculations to 2 decimal places

BSA = _____ m²

Adjusted BSA = _____ m²

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

MONITORING:

During each anti-thymocyte globulin (rabbit) infusion: Monitor vital signs Q15MIN x 4; then Q30MIN x 4; then Q4H.

Prescriber's Signature

Printed Name

VCH.VA.BMT.DEC.2022

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**Vancouver
Coastal Health**
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LABORATORY:

Day +2 (date): _____ draw cyclosporine trough level at 05:30 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.

PREMEDICATIONS:

Starting day -6 (date) _____ to day -4 (date) _____, 30 minutes prior to first dose of chemotherapy, give:

ondansetron 8 mg PO BID *AND*
dexamethasone 8 mg PO daily

CHEMOTHERAPY:

BCCA Code for PCIS order entry: BMTNOS

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

fludarabine _____ mg (30 mg/m²) IV daily over 30 minutes at 09:00.

Adjust dose when CrCl is 70 mL/min or less. Refer to Notes to Prescriber.

Start day -6 (date): _____ to day -2 (date): _____. Total of 5 doses

treosulfan _____ g (14 g/m²) IV daily over 2 hours at 10:00.

Start day -6 (date): _____ to day -4 (date): _____. Total of 3 doses.

Prescriber's Signature _____

Printed Name _____

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anti-thymocyte globulin rabbit (THYMOGLOBULIN) (use actual weight)

Give on day -3 (date): _____ (dose) _____ mg (0.5 mg/kg, round to nearest 1 mg) IV daily at 10:00.

Give on day -2 (date): _____ (dose) _____ mg (2 mg/kg, round to nearest 1 mg) IV daily at 10:00.

Give on day -1 (date): _____ (dose) _____ mg (2 mg/kg, round to nearest 1 mg) IV daily at 10:00.

Total of 3 doses (4.5 mg/kg total)

Premedications for each anti-thymocyte globulin (rabbit) infusion:

diphenhydrAMINE 50 mg PO x 1 dose one hour prior to, and Q4H during the infusion

acetaminophen 650 mg PO x 1 dose one hour prior to, and Q4H during the infusion

hydrocortisone 100 mg IV x 1 dose one hour prior

Infuse anti-thymocyte globulin rabbit through an in-line 0.2 micron filter. Initial dose to be infused over 8 to 12 hours (up to 24 hours). If no reaction, subsequent doses can be infused over a minimum of 4 hours.

Confirm the need for each dose with Pharmacy.

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

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 +90 (date): _____

miconazole 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.

Start day +1 (date): _____

Prescriber's Signature _____

Printed Name _____

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Breakthrough nausea and vomiting anti-emetics:

- ☐ prochlorperazine 10 mg PO Q6H PRN
- ☐ metoclopramide 10 to 20 mg PO/IV Q6H PRN
- ☐ LORazepam 1 mg SL/IV Q6H PRN

Fever orders: as per completed FEBRILE NEUTROPENIA – INPATIENT INITIAL MANAGEMENT (#302) 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) Orders.

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

If CrCl is 70 mL/min or lower, decrease fludarabine dose by 20%. Reassess need for dose adjustment daily.

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

PJP 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.

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Printed Name _____
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