

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

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

BMTBEAM CHEMOTHERAPY ORDERS - INPATIENT

(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
<p>▪ Document height and weight on Nursing Assessment Form and must be co-signed by 2 RNs</p>	
$BMI(kg/m^2) = \frac{Weight(kg)}{[Height(m)]^2}$ <p>https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm</p>	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
Round all BSA calculations to 2 decimal places	Adjusted BSA = _____ m²

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

 Prescriber's Signature
 BMTBEAM

 Printed Name
 VCH.VA.PPO.548 | Rev.JUL.2022

 College ID



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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.

INTRAVENOUS:

IV hydration: potassium chloride _____ mmol and magnesium sulphate _____ g in dextrose 5%-sodium chloride 0.45% 1000 mL at 75 mL/hour

Start on day -6 (date): _____ at 09:00.

On day -1 (date): _____ increase IV hydration rate to 150 mL/hour at 06:00 then reduce to 75 mL/hour after stem cell infusion.

MEDICATIONS:

Verify that intrathecal chemotherapy has been given as an outpatient if required

carmustine _____ mg (300 mg/m², round to nearest 10 mg) IV in dextrose 5% over 2 hours at 10:00.

Give on day -6 (date): _____.

****Confirm carmustine dose with physician prior to administration****

cytarabine _____ mg (200 mg/m², round to nearest 5 mg) IV in dextrose 5% over 30 minutes at 10:00 and 22:00.

Start on day -5 (date): _____ to day -2 (date): _____. Total of 8 doses.

etoposide _____ mg (200 mg/m², round to nearest 5 mg) IV in sodium chloride 0.9% 1000 mL over 2 hours at 11:00.

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

melphalan _____ mg (140 mg/m², round to nearest 5 mg) IV in sodium chloride 0.9% at 10:00.

Give 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.

Prescriber's Signature
BMTBEAM

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Hematopoietic progenitor cells to be infused on day 0 (date): _____ at least 24 hours after completion of last dose of melphalan.

SUPPORTIVE CARE:

fluconazole 400 mg IV or PO 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): _____.

filgrastim as per completed FILGRASTIM (G-CSF) (#276) PRE-PRINTED Order.

Start on Day +7 (date): _____ and continue until ANC is greater than 0.5.

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

NOTES TO PHYSICIAN (UC/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 continued for 3 months post SCT.