

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

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

BMT: MELPHALAN AND ETOPOSIDE ORDERS
AUTOGRAFT FOR HODGKIN'S/NON-HODGKIN'S LYMPHOMA- 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
▪ Document height and weight on Nursing Assessment Form and must be co-signed by 2 RNs	
$BMI(kg/m^2) = \frac{Weight(kg)}{[Height(m)]^2}$ https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm	BMI = _____ kg/m ²
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 = _____ 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

MONITORING:

During etoposide:

Weigh patient twice daily while receiving etoposide (A.M. and 16:00).

If weight increases by greater than 0.5 kg compared to prior to administering etoposide, give:

furosemide 40 mg IV

Prescriber's Signature
 MEOASCTHNL

Printed Name
 VCH.VA.PPO.690 | Rev.JUL.2022

College ID

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS
BMT: MELPHALAN AND ETOPOSIDE ORDERS
AUTOGRAFT FOR HODGKIN'S/NON-HODGKIN'S LYMPHOMA- INPATIENT

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

(Page 2 of 3)

Date: _____ Time: _____

Time Processed
RN/LPN Initials
Comments**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:**

sodium chloride 0.9% at 150 mL/h for 4 hours then decrease to TKVO.

Give on day -4 (date): _____ at 06:00.

 potassium chloride _____ mmol and magnesium sulphate _____ g in dextrose 5% - sodium chloride 0.45%
 1000 mL at 250 mL/h and continue until 2 hours after melphalan then decrease to _____ mL/h.

Start on day -2 (date): _____ at 08:00.

MEDICATIONS:

Prior to the infusion of etoposide, give:

furosemide 20 mg IV

 etoposide _____ mg (60 mg/kg, round to nearest 100 mg) IV diluted in sodium chloride 0.9% at a
 concentration of 400 mg/L by continuous intravenous infusion over 34 hours.

Start on day -4 (date): _____ at 10:00.

melphalan _____ mg (180 mg/m², round to nearest 5 mg) IV diluted in sodium chloride 0.9%

Give on day -2 (date): _____ at 10:00.

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 48 hours after completion of last dose of
 melphalan.

 Prescriber's Signature
 MEOASCTHNL

 Printed Name
 VCH.VA.PPO.690 I Rev.JUL.2022

College ID



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

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

**BMT: MELPHALAN AND ETOPOSIDE ORDERS
AUTOGRAFT FOR HODGKIN'S/NON-HODGKIN'S LYMPHOMA- INPATIENT**

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

(Page 3 of 3)

Date: _____ Time: _____

Time Processed
RN/LPN Initials
Comments

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.