

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

**BMT FLUCYATGAM SAA**  
**RELATED OR UNRELATED DONOR ALLOGENEIC TRANSPLANT FOR SEVERE APLASTIC ANEMIA**  
**CONDITIONING THERAPY with FLUDARABINE, CYCLOPHOSPHAMIDE and ANTI-THYMOCYTE GLOBULIN**  
(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.

\_\_\_\_\_  
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 RNs	
$BMI(kg / m^2) = \frac{Weight(kg)}{[Height(m)]^2}$ 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 prior to cyclophosphamide, then once daily until 48 hour after the completion of cyclophosphamide. Start day -3 (date): \_\_\_\_\_

Measure in/output Q4H during hyperhydration with cyclophosphamide. See Supportive Care.

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

\_\_\_\_\_  
Prescriber's Signature  
BMTFCA

\_\_\_\_\_  
Printed Name  
VCH.VA.PPO.938 | Rev.JUL.2022

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

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

ADDRESSOGRAPH

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**LABORATORY:**

Day 0 (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.

**HYPERHYDRATION:**

potassium chloride \_\_\_\_\_ mmol and magnesium sulphate \_\_\_\_\_ g in dextrose 5%-sodium chloride 0.45% (D5 1/2 NS) 1000 mL IV at \_\_\_\_\_ mL/h (3000 mL/m<sup>2</sup>/day) at 06:00 starting on day -3 (date): \_\_\_\_\_ and continue until 48 hours after last dose of cyclophosphamide, then decrease to 100 mL/h.

**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/m<sup>2</sup>, round to nearest 5 mg) in dextrose 5% (D5W) 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 -8 (date) \_\_\_\_\_ to day -4 (date) \_\_\_\_\_. Total of 5 doses.

cyclophosphamide \_\_\_\_\_ mg (60 mg/kg, round to nearest 100mg) in sodium chloride 0.9% (NS) IV over 2 hours at 10:00 daily.

Start day -3 (date): \_\_\_\_\_ to day -2 (date): \_\_\_\_\_. Total of 2 doses.

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

antithymocyte globulin, equine (ATGAM) test dose: 0.1 mL of 1: 1000 (5 micrograms) dilution in sodium chloride 0.95 (NS) intradermally and contralateral saline control at 08:00 on day -3 (date): \_\_\_\_\_. If no local reaction occurs within one hour, proceed with full dose.

antithymocyte globulin, equine (ATGAM) \_\_\_\_\_ mg (30 mg/kg, actual body weight, round to nearest 25 mg) IV at 12:00 daily.

Start day -3 (date): \_\_\_\_\_ to day -1 (date): \_\_\_\_\_. Total of 3 doses.

One hour prior to each antithymocyte globulin, equine (ATGAM) dose, pre-medicate with:

diphenhydramine 50 mg IV x 1 dose

acetaminophen 650 mg PO x 1 dose

methylPREDNISolone \_\_\_\_\_ mg (2mg/kg) IV x 1 dose

Infuse through an in-line 0.2 micron filter. Initial dose to be infused over 6 to 12 hours. If no reaction, subsequent doses can be infused over a minimum of 4 hours. Confirm with Pharmacy before each dose.

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Hematopoietic progenitor cells to be infused on day 0 (date): \_\_\_\_\_ at least 48 hours after last dose of cyclophosphamide.

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**SUPPORTIVE CARE:**

furosemide 20 mg IV x 1 dose PRN if output less than 400 mL in a 4 hour period during hyperhydration for cyclophosphamide.

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 day -9 (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 (# 503) PRE-PRINTERED ORDERS.

**Graft versus Host Disease:** as per completed GVHD PROPHYLAXIS (Cyclosporine/Methotrexate) (#24) PRE-PRINTED 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 until at least 12 months post-transplant or longer if patient continues immunosuppressive drugs.

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.

Refer to L/BMT manual for methotrexate dosing guidelines.

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