

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

BMT FLUCYTBI HAPLO

NON-MYELOABLATIVE CONDITIONING THERAPY PRIOR TO HAPLOIDENTICAL STEM CELL TRANSPLANT FOR GRAFT FAILURE WITH FLUDARABINE, CYCLOPHOSPHAMIDE, and TOTAL BODY IRRADIATION

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

(Page 1 of 4)

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

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

https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm

BMI = _____ kg/ m²

Ideal Body Weight:

Ideal Body Weight = _____ kg

Male = 50 + 0.91 (height in cm – 152.4)

Female = 45.5 + 0.91 (height in cm – 152.4)

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

Adjusted BSA = _____ m²

Round all BSA calculations to 2 decimal places

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 starting cyclophosphamide, then once daily until 48 hours after completion of the last dose of cyclophosphamide. Start day-2 (date): _____

LABORATORY:

Day +7 (date): _____ draw TACrolimus level 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.

Prescriber's Signature

Printed Name

College ID

VCH.VA.PPO.1160 | Rev.JUL.2022

**Vancouver
CoastalHealth**
VA: VGH / UBCH / GFS
VC: BP / Purdy / GPC

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COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS**BMT FLUCYTBI HAPLO**

**NON-MYELOABLATIVE CONDITIONING THERAPY PRIOR TO HAPLOIDENTICAL STEM CELL TRANSPLANT
FOR GRAFT FAILURE WITH FLUDARABINE, CYCLOPHOSPHAMIDE, and TOTAL BODY IRRADIATION**

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

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Date: _____ Time: _____

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On day -2 (date) _____ 30 minutes prior to cyclophosphamide, give
ondansetron 8 mg PO BID ***AND***
dexamethasone 8 mg PO x 1 dose ***AND***
aprepitant 125 mg PO x 1 dose

On day -1 (date) _____ 30 minutes prior to TBI, give
ondansetron 8 mg PO BID ***AND***
aprepitant 80 mg PO x 1 dose

On day 0 (date) _____ give aprepitant 80 mg PO x 1 dose

On day +3 (date) _____ 30 minutes prior to cyclophosphamide, give
ondansetron 8 mg PO BID ***AND***
aprepitant 80 mg PO x 1 dose

On day +4 (date) _____ 30 minutes prior to cyclophosphamide, give
ondansetron 8 mg PO BID ***AND***
aprepitant 80 mg PO x 1 dose

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, round to nearest 5 mg) in dextrose 5% (D5W) IV over 30 minutes at 09:00.

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

Give on day -2 (date): _____. Total of 1 dose.

cyclophosphamide _____ mg (2,000 mg/m², round to nearest 100 mg) in sodium chloride 0.9% (NS) IV over 2 hours at 10:00.

Give on day -2 (date): _____. Total of 1 dose.

Prescriber's Signature _____

Printed Name _____

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CHEMOTHERAPY CONTINUED:

mesna (calculated at 80% of cyclophosphamide dose) = _____ mg to be given in THREE DIVIDED DOSES of _____ mg per dose (round to nearest 10 mg) IV over 15 to 30 min TID at 10:00, 14:00, 18:00 x 3 days.

Start day -2 (date): _____ to day 0 (date): _____.

Total Body Irradiation (200 cGy) on day -1 (date): _____.

Haploidentical stem cells to be infused on day 0 (date): _____ a minimum of 48 hours after completion of fludarabine.

GRAFT VERSUS HOST DISEASE PROPHYLAXIS:

BCCA Code for PCIS order entry: not covered

cyclophosphamide _____ mg (50 mg/kg, round to nearest 100 mg) in sodium chloride 0.9% (NS) IV daily over 2 hours at 10:00.

Start day +3 (date): _____ to day +4 (date): _____. Total of 2 doses.

mesna (calculated at 80% of cyclophosphamide dose) = _____ mg to be given in THREE DIVIDED DOSES of _____ mg per dose (round to nearest 10 mg) IV over 15 to 30 minutes TID at 10:00, 14:00, 18:00 x 4 days.

Start day+3 (date): _____ to day +6 (date): _____.

TACrolimus _____ mg (0.03 mg/kg actual body weight, round to nearest 0.1 mg) in dextrose 5% (D5W) IV daily by continuous infusion over 24 hours.

Start day +5 (date): _____.

mycophenolate mofetil:

☐ If patient greater than 50 kg, give 1000 mg IV/PO BID

☐ If patient 50 kg or less, give 15 mg/kg = _____ mg (round to the nearest 250 mg) IV/PO BID

Start day +5 (date): _____ to day +60 (date): _____

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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 Q0800 and 500 mg PO Q2000 (for weight 40 kg to 70 kg)
- ☐ 500 mg PO BID (for weight greater than 70 kg)

Start day -3 (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): _____

Breakthrough nausea and vomiting anti-emetics:

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

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-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 Pharmacare Special Authority form) and continue for at least 12 months post-transplant or longer if 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.
Avoid all immunosuppressive medications between day -1 to day -5
Check IgG levels at day +30 then monthly. If low give IVIG 0.4 g/kg/month.
Prescriber to initiate Pharmacare Special Authority request for mycophenolate mofetil.

Prescriber's Signature _____

Printed Name _____
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