

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

**ORDERS**

ADDRESSOGRAPH

**COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS****BMT 00-04: Autograft for Germ Cell Tumors - 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**

<b>Height:</b> _____ cm	<b>Actual Weight:</b> _____ kg
▪ Document height and weight on Nursing Assessment Form and must be co-signed by 2 RNs	
$BMI(kg/m^2) = \frac{Weight(kg)}{[Height(m)]^2}$ <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>	<b>BMI =</b> _____ kg/m <sup>2</sup>
<b>Ideal Body Weight:</b>	Ideal Body Weight = _____ kg
Male = 50 + 0.91 (height in cm – 152.4) Female = 45.5 + 0.91 (height in cm – 152.4)	
<b>Adjusted Body Weight (ABW):</b>	Adjusted Body Weight = _____ kg
ABW = Ideal Body Weight (IBW) + 0.4(Actual Body Weight – IBW)	
$BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}$	<b>BSA =</b> _____ m <sup>2</sup>
Round all BSA calculations to 2 decimal places	<b>Adjusted BSA =</b> _____ 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:****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  
 BMT 00-04

 \_\_\_\_\_  
 Printed Name  
 VCH.VA.PPO.91 | Rev.JUL.2022

 \_\_\_\_\_  
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**TRANSPLANT:** ☐ **First Autograft** ☐ **Second Autograft**

**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% (NS) at 150 mL/h for 4 hours then decrease to TKVO.

Give on day-6(date): \_\_\_\_\_ at 06:00.

At the end of etoposide infusion, on day -5 (date): \_\_\_\_\_ at 20:00 start IV hydration with potassium chloride 10 mmol and magnesium sulphate 0.5 g in dextrose 5%-sodium chloride 0.45% (D5-1/2NS) 1000 mL at \_\_\_\_\_ mL/hr.

**MEDICATIONS:**

Prior to infusion of etoposide, give:

furosemide 20 mg IV

etoposide \_\_\_\_\_ mg (2250 mg/m<sup>2</sup>, round to nearest 100 mg) in sodium chloride 0.9% IV at a concentration of 400 mg/L by continuous infusion over 34 hours.

Start on day -6 (date): \_\_\_\_\_ at 10:00.

CARBOplatin \_\_\_\_\_ mg (550 mg/m<sup>2</sup>, round to nearest 10 mg) in D5W IV DAILY over 1 hour at 10:00.

Give on day -6 (date): \_\_\_\_\_, day-5 (date): \_\_\_\_\_, and day-4 (date): \_\_\_\_\_. Total of 3 doses.

Hematopoietic progenitor cells to be infused on day 0 (date): \_\_\_\_\_

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**SUPPORTIVE CARE:**

fluconazole 400 mg IV or PO DAILY. Start on 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): \_\_\_\_\_

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

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.

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