

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

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

BMT 18-01 MYELOABLATIVE IVBU-FLU

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

(Page 1 of 3)

Date: _____ Time: _____

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

Time
 Processed
 RN/LPN Initials
 Comments

 Prescriber's Signature
 BMT-

 Printed Name
 VCH.VA.PPO.1011 | Rev.JUL.2022

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Date: _____ Time: _____

LABORATORY:

Day 0 (date): _____ draw cyclosporine level and repeat every Monday and Thursday.

Day +7 (date): _____ draw CMV PCR then repeat every Monday through day +100 or longer if indicated.

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.

fludarabine _____ mg (40 mg/m², round to nearest 5 mg) IV in dextrose 5% (D5W) DAILY over 60 minutes at 09:00.

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

LORazepam 1 mg PO/SL/IV Q6H (at 09:00, 15:00, 21:00, 03:00) for seizure prophylaxis. Start at 09:00.

Start day -5 (date): _____ to day -1 (date): _____. Total of 4 doses.

busulfan _____ mg (3.2 mg/kg, round to nearest 5 mg) IV in sodium chloride 0.9% (NS) DAILY over 3 hours at 10:00.

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

Hematopoietic progenitor cells to be infused on day 0 (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 AM and 500 mg PO PM (for weight 40 kg to 70 kg)
- ☐ 500 mg PO BID (for weight greater than 70 kg)

Start on day -6 (date): _____ and continue until day +90 (date): _____

- ☐ allopurinol 300 mg PO DAILY for 10 days for all patients NOT in remission at time of hematopoietic progenitor cell infusion. Start day -6 (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 of 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 Orders.

Graft versus Host Disease: as per completed GVHD PROPHYLAXIS (Cyclosporine/Methotrexate) (#24) PRE-PRINTED Orders

NOTES TO PHYSICIAN (Unit Clerk/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 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.