

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS
**BMT: VP-16 plus CYCLOPHOSPHAMIDE plus TBI (1200) CHEMOTHERAPY ORDERS -
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/m²**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 = _____ m²

Round all BSA calculations to 2 decimal places

Adjusted BSA = _____ m²

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.

During hyperhydration: Measure in/out Q4H while on hyperhydration.

If output less than 400 mL during a 4 hour period, give:

furosemide 20 mg IV.

Urine hemastix ONCE daily from the start of cyclophosphamide until discharge.

 Prescriber's Signature
 VP16CTBI

 Printed Name
 VCH.VA.PPO.424 | Rev.JUL.2022

College ID _____

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

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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-7 (date): _____ at 05:00

Hyperhydration:

potassium chloride (KCl) _____ mmol and magnesium sulphate (MgSO₄) _____ g in
dextrose 5%-sodium chloride 0.45% (D5-1/2NS) 1000 mL at _____ mL/h (3000 mL/m²/day) and
continue until 48 hours after last dose of cyclophosphamide, then decrease to _____ mL/h.

Start on day-6 (date): _____ at the end of the etoposide infusion.

MEDICATIONS:

Patient to receive Intrathecal Chemotherapy ☐ yes ☐ no (check one, MD to assess)

If yes, Intrathecal chemotherapy to be administered on day-8 (date): _____

Complete INTRATHECAL CHEMOTHERAPY(#819) PRE-PRINTED ORDERS

Prior to infusion of etoposide, give:

furosemide 20 mg IV.

etoposide _____ mg (1800 mg/m², round to nearest 100 mg) IV diluted in sodium chloride 0.9% (NS) at
a concentration of 400 mg/L by continuous intravenous infusion over 26 hours.

Start on day-7 (date): _____ at 09:00.

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

Give for a total of 3 doses on day-6 (date): _____, day -5 (date): _____,
and day-4 (date): _____.

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

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Patient scheduled for TBI (200 cGy) BID on day-3 (date): _____ day-2 (date): _____ and day-1 (date): _____.

Hematopoietic progenitor cells to be infused on day 0 (date): _____.

Note: BMT can be given immediately after TBI; in this case (day-1) becomes day 0.

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 -9 (date): _____ and continue until day +30 (date): _____

fluconazole 400 mg PO or IV 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 is 30 or greater) IV Q12H.

Start on 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

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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