

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

**BMT CY + ATGam + TBI (200) CHEMOTHERAPY:
Conditioning Orders for Severe Aplastic Anemia - 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

- Height and weight to be verified by 2 RNs
- Document height and weight on Nursing Assessment Form

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

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

$$BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}$$

Round all BSA calculations to 2 decimal places

BSA = _____ m²

Adjusted BSA = _____ m²

Use Adjusted body weight or Adjusted BSA to calculate chemotherapy doses when Ideal Body Weight is less than Actual Weight

MONITORING:

Urine hemastix once daily.

Measure in/output Q4H during hyperhydration with cyclophosphamide.

If output less than 400 mL during a 4-hour period give:
furosemide 20 mg IV.

During each anti-thymocyte globulin, equine (ATGAM) infusion:

Monitor vital signs Q15MIN x 4; then Q30MIN x 4; then Q4H

Prescriber's Signature

Printed Name

VCH.VA.PPO.991 | Rev.JUL.2022

College ID

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

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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.
 Day +7 (date): _____ draw EBV 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.

IV hyperhydration: potassium chloride _____ mmol and magnesium sulphate _____ g in dextrose 5%-sodium chloride 0.45% (D5 1/2 NS) 1000 mL at _____ mL/h (3000 mL/m²/day) at 06:00 starting on day -5 (date): _____ and continue until 48 hours after last dose of cyclophosphamide, then decrease to 100 mL/h.

cyclophosphamide _____ mg (50 mg/kg, round to the nearest 100 mg) in NS IV over 2 hours at 10:00 DAILY.
 Start day-5 (date): _____ to day -2 (date): _____. Total of 4 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 NS intradermally and contralateral saline control at 08:00 on day -4 (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 -4 (date): _____ to day -2 (date): _____. Total of 3 doses.

Infuse through an in-line 0.22-1 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.

One hour prior to each antithymocyte globulin, equine (ATGAM) dose, pre-medicate with:
 diphenhydrAMINE 50 mg IV
 acetaminophen 650 mg PO
 methylPREDNISolone _____ mg (2 mg/kg) IV.

TBI (200 cGy) on day-1 (date): _____

Prescriber's Signature

Printed Name

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

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 day -6 (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 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.