

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

**BMT RIC BU2FLU HAPLO
 HAPLOIDENTICAL STEM CELL TRANSPLANT
 REDUCED INTENSITY CONDITIONING with BUSULFAN and FLUDARABINE**

(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:

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:

Urine hemastix once prior to starting cyclophosphamide, then once daily until 48 hours after the completion of cyclophosphamide. Start day +3 (date): _____

 Prescriber's Signature

 Printed Name

 College ID

VCH.VA.PPO.1145 | Rev.JUL.2022

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

ADDRESSOGRAPH

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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.

PREMEDICATIONS:

Note: Avoid dexamethasone as an antiemetic from day -1 to day +5

From day -3 (date) _____ to day -2 (date) _____ 30 minutes prior to first dose of chemotherapy, give:

ondansetron 8 mg PO BID ***AND***

dexamethasone 8 mg PO daily

On day +3 (date) _____ 30 minutes prior to cyclophosphamide, give

ondansetron 8 mg PO BID ***AND***

aprepitant 125 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

On day +5 (date) _____ give

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% IV daily over 60 minutes at 09:00.

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

Give on day -7 (date): _____ to day -2 (date): _____. Total of 6 doses.

Prescriber's Signature

Printed Name

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CHEMOTHERAPY CONTINUED:

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

Give on day -3 (date): _____ to day -2 (date): _____. Total of 2 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 -3 (date): _____ to 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% 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 min TID at 10:00, 14:00, 18:00 for 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% IV daily by continuous infusion over 24 hours.

Start day +5 (date): _____.

mycophenolate mofetil:

☐ If patient greater than 50 kg, give 1 g 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 QAM and 500 mg PO QPM (for weight 40 kg to 70 kg)
- ☐ 500 mg PO BID (for weight greater than 70 kg)

Start day -8 (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): _____

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 Prescribers only).

If CrCL is 70 mL/min or lower decrease fludarabine dose by 20%.

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 patient 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.

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.

Avoid all immunosuppressive medications between day -1 to day +5

Prescriber's Signature _____

Printed Name _____

College ID _____

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