

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

BMT IVBuMeI CHEMOTHERAPY ORDERS-INPATIENT

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

(Page 1 of 2)

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

IV hydration: potassium chloride _____ mmol and magnesium sulphate _____ g in dextrose 5%-sodium chloride 0.45% (D5 1/2 NS) 1000 mL at 75 mL/h ; start on day -7 (date): _____

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.

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 -6 (date): _____ to day -2 (date): _____.

 Prescriber's Signature
 BMCO

 Printed Name
 VCH.VA.PPO.834 | Rev.JUL.2022

 College ID

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

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

Start day -6 (date): _____ to day -5 (date): _____ day -4 (date): _____, and
 day -3 (date): _____. Total of 4 doses.

melphalan _____ mg (140 mg/m², round to nearest 5 mg) in NS IV at 10:00.

Give on day -2 (date): _____.

Due to short stability, each bag of melphalan must be administered over 30 to 60 minutes.
 Pharmacy will determine the bag volume as melphalan concentration must be between 0.1 to 0.45 mg/mL. Doses greater than 250 mg will be divided into TWO bags based upon concentration.
 Contact Pharmacy at local 63587 when the first bag is started so the second bag can be prepared.

Hematopoietic progenitor cells to be infused on day 0 (date): _____, at least 24 hours after
 completion of last dose of melphalan.

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 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
 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.

 Prescriber's Signature
 BMCO

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