

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

BMT RIC BU2FLUPTCY
RELATED OR UNRELATED DONOR ALLOGENEIC STEM CELL TRANSPLANT REDUCED INTENSITY
CONDITIONING with BUSULFAN, FLUDARABINE and Post-Transplant CYCLOPHOSPHAMIDE

(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
<p>▪ Document height and weight on Nursing Assessment Form and must be co-signed by 2 RNs</p>	
$BMI(kg/m^2) = \frac{Weight(kg)}{[Height(m)]^2}$ <p>https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm</p>	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

MONITORING:

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

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.

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

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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% (D5W) IV daily over 30 minutes at 09:00. Adjust dose when CrCl is 70 mL/min or less. Refer to Notes to Prescriber.

Start day -7 (date) _____ to day -2 (date) _____. Total of 6 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): _____.

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

Start day -3 (date): _____ to day -2 (date): _____. Total of 2 doses.

Hematopoietic progenitor cells to be infused on day 0 (date): _____ a minimum of 48 hours after completion of fludarabine.

Prescriber's Signature

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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 over 2 hours at 10:00 daily .

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 x 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 in dextrose 5% IV daily by continuous infusion over 24 hours.

Start on day +5 (date): _____

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 -8 (date): _____ and continue until day +90 (date): _____

If patient not in remission at time of hematopoietic progenitor cell infusion, give:

☐ allopurinol 300 mg PO daily X 10 days. Start on day -8 (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 day +1 (date): _____

micafungin 100 mg IV daily. Start day +1 (date): _____

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SUPPORTIVE CARE CONTINUED:

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 Prescriber only).

If CrCl is 70 mL/min or lower, decrease fludarabine dose by 20%. Reassess need for dose adjustment daily.

If HBsAg or Anti-HBc positive start lamivudine 100 mg PO daily (complete Special Authority Form) and continue until 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.

Graft-versus-host-disease prophylaxis (GVHD): TACrolimus tapering to commence day +70 in the absence GVHD

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

Prescriber's Signature

Printed Name

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