

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

BMT IVBUCY CHEMOTHERAPY ORDERS

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

(Page 1 of 3)

Date: _____ Time: _____

☐ **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
<ul style="list-style-type: none"> Height and weight to be verified by 2 RNs Document height and weight on Nursing Assessment Form 	
$BMI(kg/m^2) = \frac{Weight(kg)}{[Height(m)]^2}$ <p>OR</p> <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 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.

Time
Processed
RN/LPN Initials
Comments

Prescriber's Signature
BMT-BUCYIV

Printed Name
VCH.VA.PPO.419 | Rev.JUL.2022

College ID



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.

CHEMOTHERAPY:

BCCA Code for PCIS order entry: BMTIVBUCY

All intensive chemotherapy and transplant chemotherapy orders require 2 physician signatures, one of whom must be an attending physician.

☐ cytarabine _____ mg (30 mg/m², max. 50 mg)

****OR****

☐ methotrexate 12 mg

at the bedside for intrathecal administration (exclude patients with multiple myeloma and CLL).

On day -8 (date): _____ at _____ (time)

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 -7 (date): _____ to day -3 (date): _____.

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

Start day -7 (date): _____ to day -4 (date): _____. Total of 4 doses.

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 -3 (date): _____ and continue until 48 hours after last dose of cyclophosphamide then decrease to _____ mL/h.

cyclophosphamide _____ mg (60 mg/kg, round to nearest 100 mg) in NS IV over 2 hours at 10:00 DAILY.

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

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

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Hematopoietic progenitor cells to be infused on day 0 (date): _____ at least 48 hours after completion of 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 on day -9 (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.