PENNSTATE HERSHEY
Cancer Institute

PHYSICIAN'S ORDER SHEET

BMT: Allo Non-Ablative Alternative Donor
Revised 12/14/12
Date Written _____ For _____

Diagnosis_____
Allergies _____

Actual weight_____kg Height_____cm
Ideal weight _____kg Actual BSA_____m^2

Protocol:
No
Routine Supply:
Source of Drug

Use the following for chemotherapy dosing:
Adjusted weight*_____kg Adjusted BSA_____m^2
* Adjusted weight = ideal weight + .25 (actual – ideal weight)

Verify height and weight upon admission; if >10% difference
from above (actual) values, notify attending physician to recalculate doses
(for drugs other than chemotherapy, use actual body weight)

Activate Order Set: BMT Allo Non-Ablative Alt Donor

Draw Pre-treatment Labs (See lab order)
Catheter care for appropriate device per protocol
All Blood Products must be leukopoor, irradiated

Day of Planned Admission: ☐ Day -7
☐ Day -4

On Admission
Diet: Regular until Day 0; then neutropenic
Activity: As tolerated.
Strict I & O & call H.O. if positive fluid balance over any 8 hr period
Daily AM weight

Prepared by _____ Date _____

Ordered by_____ Date _____Noted/Time/Initial_____

MR CHEMO ORDER

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Date Written _____ For _____
Medications:

Ciprofloxacin 500 mg po every 12 hours
(Suggested IV alternative: Ciprofloxacin 400 mg IV every 12 hours)

Recipient HSV status _____ Donor HSV status _____
Recipient CMV status _____ Donor CMV status _____

☐ Acyclovir 250 mg/m^2 = _____ mg po TID (usual dose 400 mg po TID)
(Suggested IV alternative Acyclovir 250 mg/m^2 = _____ mg IV every 12 hours)

☐ Acyclovir 500 mg/m^2 = _____mg po TID (usual dose 1000 mg po TID)
(Suggested IV alternative Acyclovir 250 mg/m^2 = _____ mg IV every 8 hours)

☐ No Acyclovir needed

Provera 10 mg po daily (for females having periods)
Allopurinol 300 mg po daily (for possible tumor lysis)

Sulfamethoxazole-Trimethoprim DS 1 TAB orally BID every M-T-W
(Suggested IV alternative Sulfamethoxazole-Trimethoprim 160 mg of the Trimethoprim component IV every 12 hours every M-T-W)

Diphenhydramine 25 mg po every 4 hours prn itching or sleeplessness
Diphenhydramine 25 mg IV every 4 hours prn itching or sleeplessness if not tolerating oral medications

Prochlorperazine 10 mg po every 4 hours prn for nausea
Prochlorperazine 10 mg IV every 4 hours prn for nausea if not tolerating oral meds

Lorazepam 1 mg po every 4 hours prn nausea or anxiety
Lorazepam 1 mg IV every 4 hours prn for nausea or anxiety if not tolerating oral meds

Chemotherapy:

Review admission labs
☐ If labs normal – Proceed with Chemo, if abnormal call attending physician before proceeding with chemo

☐Review labs with attending physician before proceeding with chemo

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Date Written _____ For _____

Day –7_____ and Day -6 _____
date date

IV fluid: D5 ½ NS with 50 mEq $NaHCO_3$/liter @ 500 ml/hr x 2 hrs day -7 (_____) and day -6(_____)

Day –7 _____ to Day –3_____
date date

Fludarabine 25 mg/m^2 = _____mg in 100 ml NS IV over 30 minutes days –7 through –3 (5 doses) (_____through_____)
date date

Day –7_____ and Day –6_____
date date

Ondansetron 16 mg po, thirty minutes before Cyclophosphamide

Cyclophosphamide 1000 mg/m^2 =_____mg in 250 ml NS IV over 1 hr day –7 (_____) and day –6(_____)
date date
(begin 4 hours after completion of Fludarabine)

Day –7 _____

Loading dose: Sirolimus 6mg po for patients ≤70 kg (actual weight) or 9 mg po for patients ≥70 kg (actual weight) = _____mg po

Day – 6 _____

Sirolimus 2mg po daily for patients ≤70 kg (actual weight) or 3 mg po daily for patients ≥70 kg (actual weight) = _____mg po daily (daily doses should be given in am before breakfast)

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Day –4_____
date

Tacrolimus 0.015 mg/kg (adjusted weight) = _____mg given as a continuous IV infusion over 24 hours daily begin at 1800 hours

☐ Yes ATG required(Category F: 4/6 or or 3/6 HLA matched donors only)
☐ No ATG required
Day –1 (_____), +1 (_____), +3 (_____), +5 (_____)
date date date date

Prior to first dose of Horse ATG (Horse Anti-thymocyte Globulin): Test dose of 0.1 ml of 1:1000 dilution (5 mcg horse ATG) in sodium chloride injection, USP, and a contralateral sodium chloride injection control

Prior to each dose of Horse ATG (Horse Anti-thymocyte Globulin), give Methylprednisolone 1 mg/kg = _____mg IV

Horse ATG (Horse Anti-thymocyte Globulin) 30 mg/kg (actual weight) =_____mg IV (maximal concentration 4 mg/ml) over 4 hours day
–1 (_____), day +1 (_____), day +3(_____) day +5(_____)
date date date date

Day 0 _____
date

Check Sirolimus level and notify physician or fellow

Day 0 – Prior to Blood product transfusion, refer to ABO compatibility memo

Number of Cells to be Reinfused for allogeneic stem cells:

(Circle One)
Two Million
Three Million
Four Million
Five Million
Infuse All Other_____

(Circle One) Peripheral Blood
Bone Marrow

(Circle One) Fresh
Cryopreserved

1. **Scheduled for _____. At 9AM call _____ to arrange time of infusion. Call 7298 with time when established.**

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2. **Premedications (To be used for Cryopreserved Cells)**
   a. **Ondansetron 8mg., IV 30 minutes prior to infusion**
3. **Have available in room:**
   a. **Diphenhydramine 50 mg IV**
   b. **Epinephrine 10 ml syringe 1:10,000**
   c. **Furosemide 80 mg IV**
   d. **Connect a 500 ml bag of normal saline via Clear-link system, administer at KVO. Discontinue upon completion of transplant**

4. Cardiac monitor with continuous O_2 monitoring with every 5 minute blood pressures during infusion then every 15 minutes; continue for 1 hour post-infusion.

5. Normal saline IV via macrodrip with one extension with clear – tube access connection.

6. Sterile gloves, sterile barrier, alcohol wipes in room.

7. **After infusion:**
   a. **D5½ NS with 50 mEq of $NaHCO_3$ per liter and 20 mEq potassium chloride per liter to run at 150 ml per hour for six hours.**
   b. Begin BMT isolation.

Day 0_____ through Day +1 _____
date **date**

IV fluid: D5 ½ NS with 50 mEq $NaHCO_3$/liter @ 100 ml/hr day 0 (_____) through day +1(_____)
date **date**

Day +1 (_____), +3 (_____), +6 (_____)
date date date

Methotrexate 5 mg/m^2 IV =_____mg IV push day+1, +3, +6
(Clear with BMT attending physician or fellow before each dose, RN to document in progress note)

Day +7 _____ date

Filgristim (GCSF) 5 mcg/kg =_____mcg subcutaneous beginning day +7(_____) until recovery of neutrophil count to >500/mcl x 1 value date

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Lab Orders

Pre-treatment and every Monday: fasting serum triglycerides and cholesterol
every 48 hours: CBC with diff and plts (until plts<20, then QD), CMP, Mg, Phos
On admission and q Monday, Thursday: uric acid, retic count, PT, INR
Every Monday: serum for CMV Antigen
Day –3(_____) and then daily: Tacrolimus level (target 6-14 ng/ml)
Day –4 (_____), day 0 (_____), day +3 (_____),
day +7 (_____): Sirolimus level (target 6-14 ng/ml)
Day-2: Specimen to Blood Bank for Type and Cross with Transplant Donor

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Ordered by_____ Date _____ Noted/Time/Initial_____

MR CHEMO ORDER