PENNSTATE HERSHEY
Cancer Institute

REVISED December 2010

ANTI-THYMOCYTE GLOBULIN (ATG)

Equine: ATGAM^R
Lapine : Thymoglobulin^R

Date written _____ To begin _____

Patient's: Height_____cm Weight_____kg BSA_____m^2
Allergies: ☐No ☐Yes: _____
Diagnosis _____Metastatic Site_____

Protocol:
☐Yes #_____
☐ No
Source of Drug:
☐Routine supply
☐Protocol supply
☐Other

1. Laboratory Studies: ☐None needed prior to first dose of chemo
☐Additional labs needed prior to first dose chemo:
_____

2. Consent Obtained ?
☐ Yes
☐ Preprinted Consent
☐ See Dictated Note
☐ Note in Chart
☐ No Plan: _____

3. Infusion Room General Order Set will be initiated

4. Premedications:
Diphenhydramine 50 mg po 30 minutes prior to infusion
Acetaminophen 650 mg po 30 minutes prior to start of infusion

5. Dose Calculation:
☐ ATGAM^R 40 mg/kg=_____mg.
Steroid dose: 1 mg/kg=_____mg.
☐ Thymoglobulin 4 mg/kg=_____mg of a 1:1000 (Thymoglobulin)® Dilution

6. Test Dose: **(Recommended for ATGAM, not Thymoglobulin)**
Dilute ATG 1:1000 and administer 0.1ml intradermal, observe for one hour, with control of 0.1ml normal saline injected intradermally on the opposite arm.

7. Administration:
Administer Thymoglobulin and ATGAM diluted in NS over 6 hours for first infusion IV daily x 4
☐ central venous administration: maximum concentration is 4 mg/ml in NS or ½ NS, avoid
☐ peripheral venous administration: maximum concentration 1 mg/ml dextrose solutions
☐ Thymoglobulin central 0.5 mg/ml
Add 40mg methylprednisolone to each bottle of ATG (or 8 mg Decadron)

Administer remainder of steroid dose as prednisone given po:
_____mg prednisone po daily x 4

8. Monitoring:
Daily CBC with platelet count, vital signs q 15 minutes during administration. Out of bed with assistance only during infusion.

MD/Preparer's Signature _____

Attending Physician Signature_____

MR CHEMO ORDER