PENNSTATE HERSHEY
Cancer Institute

BMT AUTO BEAM ADULT
Revised: 6/23/14
Date Written _____ For _____

Protocol:
No
Source of Drug:
Routine Supply

Diagnosis_____
Allergies _____

Actual weight_____kg Height_____cm
Ideal weight _____kg Actual BSA_____m^2

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)

___ CD34 +cell/kg collected _____

Adequate for engraftment, proceed with autologous transplant._____

MD signature

Activate Order Set: BMT AUTO BEAM ADULT

Draw Pre-treatment Labs (See lab orders)
Catheter care for appropriate device per protocol
All Blood Products must be leukopoor, irradiated
Day of Planned Admission: Day -6

On Admission
Diet: Regular until Day 0; then neutropenic
Activity: As tolerated. Starting after stem cell infusion: BMT precautions (mask) for visitors, mask for patient when out of room
Strict I & O & call H.O. if positive fluid balance over any 8 hour period
Daily AM weight

Prepared by _____ Date _____

Ordered by_____ Date _____Noted/Time/Initial_____

MR CHEMO ORDER

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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

Date Written _____ For _____

Medications:

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

Fluconazole 200 mg po daily
(Suggested IV alternative: Fluconazole 200 mg IV daily)

Recipient HSV status _____
Recipient CMV status _____

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

☐ Provera 10 mg po daily (for females having periods)

☐ Allopurinol 300 mg po daily (for possible tumor lysis)

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

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

Lorazepam 1 mg po, every 4 hours prn for nausea or anxiety
Lorazepam 1 mg IV every 4 hours prn for nausea or anxiety

No heparin for VOD prophylaxis routinely given with this regimen

Chemotherapy:

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MR CHEMO ORDER

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Day –6_____ through Day 0 _____
date date

IV fluid: D5 ½ NS with 20 mEq KCL/liter at ____ ml/hour start on arrival day -6 through day 0

Day -6 _____
date

Ondansetron 24 mg orally, sixty minutes prior to chemotherapy
Dexamethasone 20 mg po, sixty minutes prior to chemotherapy

Carmustine 300 mg/m^2 = _____ mg in 500 ml NS infuse IV over 4 hours on day -6 only, begin at 10:00PM

Day –5 _____ through Day –2_____
date date

Ondansetron 24 mg orally, sixty minutes prior to chemotherapy daily x 4 days, day -5 thru day -2
Dexamethasone 20 mg po, sixty minutes prior to chemotherapy daily x 4 days, day -5 thru day -2

Cytarabine 400 mg/m^2 = _____mg in 250 ml NS give IV over 30 minutes days -5 through –2 (Daily times 4 doses), begin at 11:00 AM

Etoposide 200 mg/m^2 = _____mg in NS for a final concentration of <0.4 mg/mL, give IV over 2 hours days -5 through –2 (Daily times 4 doses). Give after cytarabine

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MR CHEMO ORDER

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1855

BMT AUTO BEAM ADULT

Day – 1_____
date

Ondansetron 16 mg IV over 15 minutes Q 12 hours times four doses, begin thirty minutes before Melphalan on day – 1, and give as a premedication for stem cell infusion, day 0

Dexamethasone 10 mg po, thirty minutes before melphalan on day – 1

Crushed ice to keep oral mucosa cold: 30mL to dissolve in patient's mouth, starting 15 minutes before melphalan infusion and repeat as needed until 30 minutes after infusion

Melphalan 140 mg/m^2= _____mg infused IV over 15 minutes (within 30 minutes of reconstitution) <u>via central line only!!</u> Administer on day -1 only, at 11:00AM

Day 0 _____
date

Reinfusion orders for autologous peripheral stem cells

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

2. **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**

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MR CHEMO ORDER

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BMT: AUTO BEAM ADULT

3. **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.**

4. **Sterile gloves, sterile barrier, alcohol wipes in room**

5. **After infusion:**
   a. **D5½ NS with 50 mEq of $NaHCO_3$ per liter and 20 mEq potassium chloride IV per liter to run at 150 per hour for six hours.**

6. **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

No Growth Factors are routinely administered on this regimen

Lab Orders:
On admission & Daily: CBC, differential (no differential if WBC < 500) and BMP
On admission and every Monday Thursday: retic count, CMP, Mg, Phos, LDH, uric acid, PT, INR, PTT
Day-1: Specimen to Blood Bank for Type and Cross (Autologous Donor) Donor

Prepared by _____ Date _____

Ordered by_____ Date _____ Noted/Time/Initial_____

MR CHEMO ORDER