

		For			
DiagnosisAllergies					Protocol: No Source of Drug:
Actual weightIdeal weight	kg kg	HeightActual BSA	cm m²		Routine Supply
Adjusted weig	ht*	chemotherapykg Adjus weight + .25 (actual	sted BSA	m²	
from above (actual)	values, no	n admission; if >109 otify attending physicerapy, use actual bo	ician to recalcula	te doses	
ctivate Order	Set: BM	IT Allo Non Al	olative Siblin	g Matched	l Donor
raw Pre-treatment Latheter care for appr l Blood Products m	abs (See la copriate dev oust be leuk	ab orders) vice per protocol kopoor, irradiated	olative Siblin	g Matched	<u>l Donor</u>
raw Pre-treatment L atheter care for appr Il Blood Products m ay of Planned Adm	abs (See la copriate de leuk ission:	ab orders) vice per protocol kopoor, irradiated	olative Siblin	g Matched	<u>l Donor</u>
raw Pre-treatment L atheter care for appr ll Blood Products m ay of Planned Adm  n Admission iet: Regular until ctivity: As tolerated mask for patie	Labs (See la copriate devust be leuk ission:  Day 0; the control of the control o	ab orders) vice per protocol kopoor, irradiated  Day -7 Day 0  en neutropenic after stem cell infusiont of room	ion: BMT precaut	tions (mask) fo	
raw Pre-treatment L atheter care for appr ll Blood Products m ay of Planned Adm  n Admission iet: Regular until ctivity: As tolerated	Day 0; the actual of the control of	ab orders) vice per protocol kopoor, irradiated  Day -7 Day 0  en neutropenic after stem cell infusion out of room ive fluid balance ov	ion: BMT precaut er any 8 hour per	tions (mask) fo	





Date Written	For	
Medications: Ciprofloxacin 500 r	ng po bid	
•	ternative Ciprofloxacin 400 mg IV every 12 hours)	
Recipient HSV state Recipient CMV state		
Acyclovir 400 mg p (Suggested IV altern	o TID mative: Acyclovir 250 mg/m <sup>2</sup> = mg IV every 12 l	hours)
	ily (for females having periods) po daily (for possible tumor lysis)	
	rimethoprim DS 1 TAB orally BID every M-T-W ernative Sulfamethoxazole-Trimethoprim 160 mg of the Trimes every M-T-W)	ethoprim componer
	mg po every 4 hours prn for nausea mg IV every 4 hours prn for nausea if not tolerating oral meds	S
	every 4 hours prn for nausea every 4 hours prn for nausea not tolerating oral meds	
Chemotherapy:		
Review admission labs  ☐ If labs normal – Proceed with chemo	I with Chemo, if abnormal call attending physician before proc	eeding
☐ Review labs with atte	nding physician before proceeding with chemo	
Prepared by	Date	
	Bute	



PHYSICIAN'S ORDER SHEET



BMT: Allogeneic No	on Ablative Sibling I	Matched Do	onor			
Date Written		For				
Day -7	to Day -3	date				
Fludarabine	$25 \text{ mg/m}^2 = \underline{\qquad}$ through $-3 (5 \text{ dos})$	_mg in 100 ses) (	ml NS IV ove _through	er 30 minutes days	; <b>–7</b>	
Day –7date Ondansetron	_ and Day –6 16 mg po, thirty mi		e Cyclophosp	hamide		
IV fluid: D5 day -6(	<sup>1</sup> / <sub>2</sub> NS with 50 mEq ) date	NaHCO3/li	iter @ 500 ml	l/hr x 2 hrs day -7	date	_) and
	day –7 (date begin 4 hours after	) and day –	6()			
Prepared by	Da	ite	_			
Ordered by	D	Nata	Noted/Time	/Initial		



MR CHEMO ORDER



Date Written	For		_
	- g/kg (adjusted weight) rounded u two divided doses daily =		
☐ No Tacrolimus n	eeded		
Day 0date			
Day 0 – Prior to Bloo	d product transfusion, refer to A	BO compatibilit	y memo
Number of Cells to be Rei	nfused for allogeneic stem cells:	(Circle One)	Peripheral Blood Bone Marrow Cord Blood
Two Million Three Million		(Circle One)	Fresh
Four Million Five Million Infuse All Ot	her		Cryopreserved
	At 9AM Il 7298 with time when establishe		to arrange time of
	To be used for Cryopreserved Cotron 8 mg., IV 30 minutes prior t		
3. Have available in a. Diphenh	n room: ydramine 50 mg IV		
c. Furosem	rine 10 ml syringe 1:10,000 ide 80 mg IV ia nasal cannula		
	Date		
Ordered by	Date Note	d/Time/Initial	



MK CHEMU UKVEK



	n For
e.	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.
f.	Normal saline IV via macrodrip with one extension with clear – tube access connection.
g.	Sterile gloves, sterile barrier, alcohol wipes in room.
h.	After infusion: a. $D5\frac{1}{2}$ NS with 50 mEq of NaHCO <sub>3</sub> per liter and 20 mEq potassium chloride per liter to run 150 ml per hour for six hours.
Begin BMT	isolation.
Day 0date	through Day +1
	D5 ½ NS with 50 mEq NaHCO <sub>3</sub> /liter @ ml/hr day 0 () through
day +1(_	) date
Day +1 (	
Day +1 ( date Methotr (Clear v	), +3 (), +6 ()  exate 5 mg/m <sup>2</sup> IV push =mg day +1, +3, +6
Day +1 (	), +3 (), +6 ()  exate 5 mg/m² IV push =mg day +1, +3, +6  with BMT attending physician or fellow before each dose, RN to document in progress note)
Day +1 (	



MR CHEMO ORDER



Date Written	For	r
On admission and q Mor Every Monday: Serum f Day-2(	48 hours: CBC with a day, Thursday: uric a for CMV Antigen) and then daily Taylor.	d panel diff and plts (until plts <20, then daily), CMP, Mg, Pho acid, retic count, PT, INR Cacrolimus levels (target 5-10 ng/ml) d Cross with Transplant Donor
pared by	Date	
pared by		Noted/Time/Initial

