



CONDITIONING REGIMEN ORDERS FOR Multiple Myeloma (Melphalan)

Patient Label Here

Use Actual Body Weight for dosing based on BSA (Body Surface Area) and for those patients with less than ideal body weight. Use Adjusted Body Weight on dosing based on milligrams/kilogram and for those patients with greater than ideal body weight.

Actual Body Weight (ABW) : kg _____ Height in _____ Actual Body Surface Area (BSA) = _____

Ideal Body Weight (IBW) kg _____ = Female: 45.5 kilograms + (2.3 kilogram/inch > 5 feet) Ideal BSA _____ Male: 50 kilograms + (2.3 kilograms/inch>5 feet)

Adjusted Body Weight kg _____ Adjusted BSA _____

Adjusted body weight = [(Actual body weight – Ideal body weight) x 0.4] + Ideal body weight

1. PRE-HYDRATION: [] 5% Dextrose in 1/2 Normal Saline (1000 milliliters) intravenous infusion over 3 hours prior to chemotherapy on Day -4 . After hydration, use IV orders on Routine Orders.

2. PRE-MEDICATION for Chemotherapy Day – 4 (____ / ____ / ____) & Day – 3 (____ / ____ / ____)

- [] Granisetron 1 milligram intravenously to be given 60 minutes prior to chemotherapy on Days -4 and -3. [] Dexamethasone 20 milligrams intravenously 60 minutes prior to chemotherapy on Days -4 and -3.

3. HIGH DOSE CHEMOTHERAPY – Melphalan Day – 4 (____ / ____ / ____) & Day – 3 (____ / ____ / ____)

[] Melphalan 100 milligrams/meter² (Actual Body Weight) = _____ milligrams in 100 milliliters of 5% Dextrose. To be given intravenous infusion over 20 minutes on Days -4 and Days – 3. To be given within 30 minutes of re-constitution.

OR -

[] Renal dose adjustment: _____

Melphalan _____ milligrams/meter² = _____ milligrams in 100 milliliters of 5%Dextrose to be given IV infusion over 20 minutes. To be given within 30 minutes of re-constitution.

4. REST Day – 2 (____ / ____ / ____) and Day – 1(____ / ____ / ____)

5. PRE-MEDS FOR CRYOPRESERVED STEM CELL RE-INFUSION – Give 30 minutes to 1 hour prior to stem cell infusion on Day 0 (____ / ____ / ____).

- [] Diphenhydramine 50 milligrams intravenously X 1 [] Hydrocortisone 100 milligrams intravenously X 1

6. RE-INFUSE STEM CELLS ON Day 0 (____ / ____ / ____).

[] TO [] Read back

Order taken by Signature: _____ Date/Time: _____

Physician Signature _____ Date/Time _____

