ALLERGIES (Drug and Food):_____

1. Admit_____ to BMT unit.
   Protocol #_____. Day of Protocol_____. Day 0_____.
   Please place copy of protocol treatment plan in chart.
   Please place signed consent for protocol in chart.

2. Diagnosis:_____

3. Actual Body Weight:_____kg; Ht:_____, BSA_____
   Ideal Body Weight:_____kg; BSA_____
   CMV_____. HSV_____

4. Private room/neutropenic precautions.
   Mucositis evaluation by nursing.
   CVAD care per policy.
   Urokinase Hickman catheter per protocol.
   Mask when off BMT unit required.

5. ☐ ID consult:_____

6. DIAGNOSTICS:
   - ☐ Admission: CBC, PT, PTT, CMP, Mg+, bicarb, uric acid, phosphorus. Please obtain previous labs, CXR, EKG, and serology from physician's office since start of protocol.
   - ☐ Repeat EKG and CXR if not done within last 4 weeks.
   - ☐ Daily: CMP, Mg+, CBC.
   - ☐ Surveillance cultures upon admit
     - ☐ Stool (comment in orders "VRE Screen")
     - ☐ UA
   - ☐ CXR every Tuesday
   - ☐ Baseline abdominal girth. Daily abdominal girth with symptoms of VOD.

7. DIET: Regular, Low Microbial when ANC less than 500. Dietitian to see and follow daily calorie counts.

8. ACTIVITY: As tolerated. PT evaluation to encourage increased activity.

9. Strict I & O.

10. Weights daily.

11. Vital signs per BMT Unit policy; postural BP's if symptomatic.

Physician initial:_____

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Revision E

CATHOLIC HEALTH INITIATIVES
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12. TRANSFUSIONS:
    - ☐ All blood products irradiated and leukodepleted.
        - ☐ Routinely pre-medicate prior to administration of platelets with 650 mg Acetaminophen PO and Diphenhydramine 25-50 mg PO/IV. May repeat every 4 hours PRN. Pre-medicate prior to administration of RBC's PRN.
        - ☐ Check platelet count 1 hour following platelet transfusion and notify physician of results.
        - ☐ Meperidine (Demerol) 12.5 – 25 mg slow IV push PRN rigors, may repeat times 1 dose in 30 minutes. If no relief, contact MD.

    Transfusion Guidelines:
    - ☐ Transfuse 2 units irradiated PRBC for Hct less than 30.
    - ☐ For platelet counts less than _____ transfuse apheresis platelet pack, irradiated.

13. ANTIEMETICS:
    A. For conditioning chemotherapy protocols:
        - ☐ Granisetron (Kytril) 1 mg PO twice daily 20 minutes prior to chemotherapy and continue times 24 hours after chemotherapy completed.
        - ☐ Granisetron: If unable to take orally, 750 mcg IV 20 minutes prior to chemotherapy and repeat every 24 hours until 24 hours after the last dose of chemotherapy.
        - ☐ Dexamethasone (Decadron): _____mg IV/PO prior to chemo, then _____mg IV/PO every 6 hours times _____ doses.
        - ☐ Lorazepam (Ativan): _____mg IV/PO prior to chemo

    B. Other Antiemetics:
        - ☐ Metoclopramide (Reglan) 20 mg IV with diphenhydramine (Benadryl) 25 mg IV every 4-6 hours PRN nausea/vomiting.
        - ☐ Prochlorperazine (Compazine) 10 mg PO every 6 hours PRN nausea/vomiting.
        - ☐ Lorazepam (Ativan) 1-2 mg PO/IV every 4 hours PRN nausea/vomiting.
        - ☐ Ondansetron (Zofran) 1 mg/hour continuous IV infusion for nausea/vomiting refractory to above antiemetics.

14. MEDICATION:
    - ☐ Bactrim DS 1 tablet twice daily upon admission through day –2. If allergic to Bactrim give Dapsone 50 mg daily upon admission through day –2.
    - ☐ Levofloxacin (Levaquin) 500 mg daily (Pharmacist to adjust dose based on renal function).
    - ☐ Acyclovir (Zovirax) – initiated per policy for HSV (+) patients. Acyclovir 400 mg PO four times daily beginning on day –5 or inpatient admission (whichever is first). If unable to take PO, give 250 mg/m^2 IV every 12 hours (Pharmacist to adjust dose based on renal function).
    - ☐ Phenytoin (Dilantin) 300 mg PO daily while on busulfan (Myleran). Discontinue phenytoin 24 hours after last dose of busulfan. Phenytoin level on day 2 of phenytoin.
    - ☐ When ANC less than 500 fluconazole (Diflucan) 400 mg PO daily.
    - ☐ Amphotericin B 10 mg IV in 100 ml D_5W over one hour if patient unable to take oral fluconazole. No premedications are required.
    - ☐ Meperidine (Demerol) 12.5 – 25 mg slow IV push PRN rigors, may repeat times 1 dose in 30 minutes. If no relief, contact MD.
    - ☐ Hydrocortisone 100 mg IV if severe rigors.

Physician initial:_____

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15. ELECTROLYTE REPLACEMENT GUIDELINES:
    - ♦ Mg: If serum Mg is less than 1.5, give 3g (24 mEq) Magnesium Sulfate in 20 ml sterile water by syringe pump over 15-20 minutes then recheck 1 hour post. If Mg remains less than 1.5, call M.D.
    - ♦ K: If serum K is less than 3.3, give 40 mEq KCL in 100 ml 5% dextrose in water (D_5W) over 4 hours then check in 1 hour. If K remains less than 3.3, repeat times 1 and recheck 1 hour post. If less than 3 or greater than 4.8, call M.D.

16. FEVER WORK-UP ORDERS:
    If temperature spikes greater than 38C:
    - ☐ Obtain blood culture from each lumen of the CVAD, from the port if accessed, and from a peripheral vein. If the fever is up at 24 hours after the initial cultures, obtain cultures only from the CVAD lumens and the port if accessed.
    - ☐ Chest x-ray
    - ☐ UA and C&S
    - ☐ Stool culture
    - ☐ Other:_____

17. ANTIBIOTIC THERAPY:
    For first fever greater than 38C with ANC less than 500 start:
    - ☐ Ceftazidime 2 gm IV every 8 hours
    - ☐ Gentamicin 3 mg/kg times 1 dose then call oncology physician and infectious disease physician (if appropriate) for further orders (daily dose is 7 mg/kg).
    - ☐ Discontinue PO antibiotics

18. ☐ G-CSF (Neupogen) 50 mcg/M^2 IV daily beginning day +1.

19. ☐ Nicotine Replacement per Nicotine Replacement order # 616

20. Provide smoking cessation information to patient and document on education record

NOTE: **These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.**

DATE/TIME _____ PHYSICIAN'S SIGNATURE _____

Another brand of drug, identical in form and content, may be dispensed unless checked. ☐

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