



**CONDITIONING REGIMEN PLAN FOR
LEUKEMIA
(Fludara, Melphalan, ATG Protocol # 3**

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.

Conditioning Regimen – Leukemia – Protocol # 3

Actual Body Weight (ABW) _____ kg. Height inches _____ 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. $\{(ABW - IBW) 0.4\} + IBW$. Adjusted BSA _____

I. **PRE-HYDRATION:** D51/2 Normal Saline 1000 milliliters IV over three hours prior to high dose chemotherapy. Then see Leukemia Routine Orders for maintenance IVF.

II. **PRE-MEDICATION FOR CHEMOTHERAPY**

A. Granisetron 1 milligram IVPB (Intravenous Piggy Back) 60 minutes prior to chemotherapy on Day -7 (____/____/____) through Day -3. (____/____/____).

B. Dexamethasone 20 milligrams IVPB (Intravenous Piggy Back) 60 minutes prior to chemotherapy on Day -7 (____/____/____) through Day -3 (____/____/____) only.

III. **HIGH DOSE CHEMOTHERAPY Begin Day - 7**

A. **Fludarabine** 30 milligrams/m² = _____ milligrams per day IV (intravenous infusion) over 30 minutes x 5 days on Day - 7 (____/____/____) through Day - 3 (____/____/____).

Renal dose adjustment for Fludarabine required? Yes ____ No ____ = _____.

B. **Melphalan** 70 milligrams/m² = _____ milligrams IV (intravenous infusion) over twenty minutes on Day - 4 (____/____/____) through Day - 3 (____/____/____). To be given within 30 minutes of reconstitution.

Renal dose adjustment for Melphalan required? Yes ____ No ____ = _____.

IV. **ATG (Anti-thymocyte Globulin)** No Yes HLA match _____ Do not use for an identical sibling match unless otherwise ordered by the transplant physician.

A. **Pre-medication for each day of ATG:**

TO Read back

Order taken by Signature: _____ Date/Time: _____

Physician Signature _____ Date/Time _____





**CONDITIONING REGIMEN PLAN FOR
LEUKEMIA
(Fludara, Melphalan, ATG Protocol # 3**

Patient Label Here

1. Acetaminophen 650 milligrams by mouth
2. Diphenhydramine 25-50 milligrams IV Push
3. Methylprednisolone 250 milligrams IVPB in 50 milliliters of Normal Saline over 15 minutes.
4. Meperidine Hydrochloride _____ milligrams every _____ minutes as needed for rigors.

B. Repeat premeds midway through ATG.

C. ATG (Anti-thymocyte Globulin) (Rabbit) 3.5 milligrams/kilogram/day = _____ milligrams IV infusion over _____ hours every morning at 0800 x three days (Days - _____ through Day - _____) Total dose of _____ milligrams.

V. REST Day/s - _____ (____/____/____), (____/____/____).

VI. DAY OF TRANSPLANT - Day 0 = (____/____/____)

A.

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

1. Diphenhydramine 25-50 milligrams intravenously X 1
2. Acetaminophen 650 milligrams by mouth X 1

B.

NFUSE STEM CELLS ON DAY 0 (____/____/____).

VII.

OTHER ORDERS

TO Read back

Order taken by Signature: _____ Date/Time: _____

Physician Signature _____ Date/Time _____

