



**CONDITIONING REGIMEN PLAN FOR
LEUKEMIA**

**(Busulfan, Cytosan & ATG) Protocol # 4 – Full
Intensity**

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.

Conditioning Regimen – Leukemia – Protocol # 4 – Full Intensity

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. PHENYTOIN

- A. Phenytoin (Loading dose) 15 milligrams/kilogram = _____ milligrams PO (by mouth), divided into three doses of _____ milligrams, every four hours on Day – 9 (____/____/____); then:
- B. Phenytoin 6 milligrams/kilogram = _____ milligrams PO (by mouth) every evening at bedtime on Days – 8 (____/____/____) through Day –5 (____/____/____). Make sure the last dose of Dilantin is given after the last dose of Busulfan.
- C. Phenytoin level every morning until Phenytoin complete – then discontinue Phenytoin level.

III. PRE-MEDICATION FOR CHEMOTHERAPY

- A. Granisetron 1 milligrams IV (intravenously) 60 minutes prior to chemotherapy on Day -8 (____/____/____) through Day -2 (____/____/____) **excluding Day – 4.**
- B. Dexamethasone 20 milligrams IV (intravenously) 60 minutes prior to chemotherapy on Day -8 (____/____/____) through Day -2 (____/____/____) **excluding Day – 4.**

TO Read back

Order taken by Signature: _____ Date/Time: _____

Physician Signature _____ Date/Time _____





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IV. HIGH DOSE CHEMOTHERAPY Begin Day - 8 through Day -5.

A. **Busulfan** 3.2 milligrams/kilogram = _____ milligrams intravenous infusion, over 3 hours once daily x 4 days on Day - 8 (____/____/____) through Day - 5 (____/____/____).
No renal or hepatic dose adjustment required for Busulfan.

B. **Mesna** 60 milligrams/kilogram = _____ milligrams/day in 1000 milliliters Normal Saline continuous intravenous infusion starting 1 hour prior to hanging Cyclophosphamide on Day - 3 (____/____/____) and infuse continuously for 24 hours after completion of the last dose of Cyclophosphamide on Day - 2.

C. **Cyclophosphamide** 60 milligrams/kilograms = _____ milligrams/day in 500 milliliters 5% Dextrose given intravenous infusion over 2 hours daily x 2 days on Day -3 (____/____/____) & Day - 2 (____/____/____).
Renal or hepatic dose adjustment required for Cyclophosphamide? Yes _____ No _____ = _____ milligrams.

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

A. Pre-medication for each day of ATG:

1. Acetaminophen 650 milligrams by mouth
2. Diphenhydramine 25-50 milligrams IV Push
3. Methylprednisolone 250 milligrams IVPB in 50 milliliter 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) _____ milligrams/kilogram/day = _____ milligrams IV infusion over _____ hours every morning at 0800 x three days (Days - _____ through Day - _____) Total dose of _____ milligrams.

TO **Read back**

Order taken by Signature: _____ **Date/Time:** _____

Physician Signature _____ **Date/Time** _____





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VI. REST Day/s – _____ (____/____/____), (____/____/____).

VII. 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.

[] INFUSE STEM CELLS ON DAY 0 (____/____/____).

VIII.

OTHER ORDERS

Multiple horizontal lines for writing other orders.

[] TO [] Read back

Order taken by Signature: _____ Date/Time: _____

Physician Signature _____ Date/Time _____

