



UMC CONDITIONING REGIMEN ORDERS FOR GERM CELL Protocol # 1 (Carboplatin/VP 16/Cytosin)

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. CHEMOTHERAPY REGIMEN: Carboplatin, Etoposide & Cyclophosphamide- Day - 5 (/ /), Day - 4 (/ /) & Day - 3 (/ /)

- a. Pre-medication one hour prior to administration of chemotherapy
b. Carboplatin 600 milligrams/meter^2 (Actual Body Weight) = _____ milligrams intravenously to be given over one hour on Days -5, -4, & -3.
c. Etoposide (VP-16) 600 milligrams/meter^2 (Actual Body Weight) = _____ milligrams to be given intravenously, undiluted over one hour on Days -5, -4, & -3.
d. Cyclophosphamide (Cytosin) 50 milligrams/kilograms (Adjusted Body Weight) = _____ milligrams to be infused intravenously over one hour on Day - 5, Day - 4, & Day - 3.
e. Mesna 50 milligrams/kilograms = _____ milligrams in 1000 milliliters 0.9% sodium chloride.

TO Read back
Order taken by Signature: _____ Date/Time: _____
Physician Signature _____ Date/Time _____



UMC
HEALTH
SYSTEM

**UMC CONDITIONING REGIMEN ORDERS FOR
GERM CELL Protocol # 1 (Carboplatin/VP 16/Cytosan)**

Patient Label Here

2. DAYS – 2 & - 1; REST

3. RE-INFUSE CRYOPRESERVED STEM CELLS ON DAY 0 (____/____/____).

PRE-MEDS FOR 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

TO Read back

Order taken by Signature: _____ Date/Time: _____

Physician Signature _____ Date/Time _____

