### CONDITIONING REGIMEN ORDERS FOR

# Leukemia

(Thiotepa & Melphalan) Protocol # 6

#### **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 # 6
Actual Body W	reight (ABW) kg
Ideal Body W	eight (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.
II.	PRE-MEDICATION FOR CHEMOTHERAPY
	A. Granisetron 1 milligram IV (intravenously) 60 minutes prior to chemotherapy on <u>Day</u> –5
	B. Dexamethasone 20 milligrams IV (intravenously) 60 minutes prior to chemotherapy on <u>Day</u> –5
	(/).
III.	HIGH DOSE CHEMOTHERAPY Begin Day - 5
111.	A. Thiotepa 10 milligrams/kilogram = milligrams in 500 milliliters of Normal Saline
	and infuse over three hours on Day – 5 (/).
	and infuse over three nours on Day – 3 (/).
•	B. ☐ Melphalan 140 milligrams/m² = milligrams intravenous infusion over 20 minutes on
	Day $-5$ (/). Use within 30 minutes of reconstitution.
	Renal dose adjustment required for Melphalan? Yes No = milligrams.
IV.	<u>NO ATG.</u>
v.	□ Day – 4 Rest (/) through Day – 1 (/).
□то □н	Read back
Order taken k	by Signature:Date/Time:
Physician S	Signature Date/Time



# **CONDITIONING REGIMEN ORDERS FOR**

# Leukemia

(Thiotepa & Melphalan) Protocol # 6

## **Patient Label Here**

	•		
	<b>A.</b>		
	□ <u>PRE-MEDS FOR STEM CELL INFUSION</u> – G	tive 30 minutes to 1 hour prior to stem cell	
	infusion on Day 0 (/).		
	1.		
	☐ Diphenhydramine 25-50 milligrams intraveno 2.	ously X I	
	☐ Acetaminophen 650 milligrams by mouth X 1		
	B.  INFUSE STEM CELLS ON DAY 0 (/	/).	
VII.	THER ORDERS		
□TO □R	ead back		
Order taken by	y Signature:	Date/Time:	
Physician Sig	gnature	Date/Time	