* PatientNumber» "PatientNumber» "PatientName» "MotherIdentifier» "BirthDate» "Gender» "Age" AgeCode» "PatientName» "Encloses"

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: Etoposide (VP-16) Day - 8 (/ /) a. Premedication for Etoposide (VP-16) on Day – 8. □Granisetron 1 milligram intravenously X 1. Give one hour prior to administration of Etoposide. ☐ Dexamethasone 20 milligrams intravenously X 1. Give one hour prior to administration of Etoposide. ☐ Diphenhydramine 25 milligrams intravenously X 1. Give 15 minutes before administration of Etoposide and two hours into infusion of Etoposide. ☐ Hydrocortisone 100 milligrams intravenously X 1. Give 15 minutes before administration of Etoposide and two hours into infusion of Etoposide. **b.** □ **Etoposide** (VP-16) 60 milligrams/kilogram (Adjusted Body Weight) = milligrams undiluted in glass bottle given intravenously over 4 hours on Day – 8 (____/____). ☐ Renal or hepatic dose adjustment required? Yes ____ No ____ 2. CHEMOTHERAPY REGIMEN: Cyclophosphamide (Cytoxan) Day - 7 (/ /) a. Premedication for Cytoxan: Granisetron 1 milligram intravenously X 1 one hour prior to administration of Cyclophosphamide (Cytoxan) on ☐ Dexamethasone 20 milligrams intravenously X 1 one hour prior to administration of Cyclophosphamide (Cytoxan) on Day -7. b. Mesna 100 milligrams/kilogram/day in 1000 milliliters sodium chloride intravenous infusion, Start one hour prior to hanging Cyclophosphamide on Day – 7 and continue for 24 hours after completion of Cyclophosphamide. **b.** □ Cyclophosphamide (Cytoxan) 100 milligrams/kilogram (Adjusted Body Weight) = milligrams in 500 milliliters 5%Dextrose infusion over 2 hours on Day -7. ☐ Renal or hepatic dose adjustment required? Yes No ☐ TO ☐ Read back Order taken by Signature: Date/Time: Physician Signature **Date/Time**

	Day - 5, Day -4, Day -3, and Day -2 Start (/ /	
a. Pre-medication:		
	usly X 1 one hour prior to first dose of TBI each day	
☐ Lorazepam .5 milligrams intraver	nously X 1 one hour prior to each dose of TBI each day.	
☐ Aquaphor cream to bedside to be		
	daily on Day -5 (/, Day -4 (/),
Day – 3 (/), and I	Day – 2 (/).	
5. <u>DAY – 1 REST (/ /).</u>		
6. RE-INFUSE STEM CELLS DAY 0 (//).	
	stem cells - Give 30 minutes to 1 hour prior to stem cell infus.	ion on E
(/). □ Diphenhydramine 50 milligrams	ntravenously X 1	
☐ Hydrocortisone 100 milligrams in		
TO □ Read back		
er taken by Signature:	Date/Time:	
vsician Signature	Date/Time	