Protocol Index

IP CAGT ALLOGENEIC SCT SAAMUD

Types: ONCOLOGY TREATMENT
Synonyms: SAAMUD, MTX, METHOTREXATE, METHO, CYTOXAN, CYCLOPHOSPHAMIDE, CAMPATH, ALEMTUZUMAB, ALMETUZUMAB, BMT, CAGT, ALLOGENEIC, SCT

Transplant — Repeat 1 time — Cycle length: 90 days

Day -6 through -1 — Perform every 1 day x1

Labs

CYTOMEGALOVIRUS ANTIGEN
Interval: Every Mon, Thu — Occurrences: --
Comments: Draw on Monday and Thursday if WBC > 1

CYTOMEGALOVIRUS BY PCR
Interval: Every Mon, Thu — Occurrences: --
Comments: Draw on Monday and Thursday if WBC < 1

FK506 TACROLIMUS LEVEL, RANDOM
Interval: Every Mon, Wed, Fri — Occurrences: --

Labs

ECG 12-LEAD
Interval: Daily — Occurrences: --
Comments: Daily prior to cyclophosphamide doses

URINALYSIS, AUTOMATED WITH MICROSCOPY
Interval: Daily — Occurrences: --

Line Flush

sodium chloride 0.9 % flush 20 mL
Dose: 20 mL — Route: intravenous — PRN
Start: S

Pre-Medications

ondansetron (ZOFRAN) 16 mg, dexamethasone (DECADRON) 10 mg in sodium chloride 0.9% 50 mL IVPB
Dose: -- — Route: intravenous — every 24 hours over 15 Minutes
Start: S
Instructions:
Administer 30 minutes prior to treatment on Days -6, -5, -4, -3, -2, -1.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Yes	No
DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	10 mg	Yes	No
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
DEXTROSE 5 % IN WATER (D5W)	Base		No	Yes

	INTRAVENOUS SOLUTION	

aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB

Dose: 130 mg | Route: intravenous | once over 30 Minutes for 1 dose
Start: S | End: S
Instructions:
Administer 30 minutes prior to treatment on Days -6.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION	Medications	130 mg	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	Base	130 mL	Yes	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	130 mL	No	Yes

Antiemetics

promethazine (PHENERGAN) injection 25 mg

Dose: 25 mg | Route: intravenous | every 4 hours PRN
Start: S

Pre-Medications

ondansetron (ZOFRAN) 16 mg, dexamethasone (DECADRON) 20 mg in sodium chloride 0.9% 50 mL IVPB

Dose: -- | Route: intravenous | every 24 hours over 15 Minutes
Start: S
Instructions:
Administer 30 minutes prior to treatment on Days -6, -5, -4, -3, -2, -1.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Yes	No
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	20 mg	Yes	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB

Dose: 130 mg | Route: intravenous | once over 30 Minutes for 1 dose
Start: S | End: S
Instructions:
Administer 30 minutes prior to treatment on Days -6.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.

APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION	Medications	130 mg	Main Ingredient	Yes
DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	Base	130 mL	Yes	Yes
SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	130 mL	No	Yes

Antiemetics

promethazine (PHENERGAN) injection 25 mg

Dose: 25 mg Route: intravenous every 4 hours PRN

Start: S

Chemotherapy

mesna (MESNEX) 20 mg/kg in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 20 mg/kg Route: intravenous once over 30 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

Day -6.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	20 mg/kg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	100 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	100 mL	No	Yes

cyclophosphamide (CYTOXAN) 50 mg/kg in dextrose 5% 500 mL chemo IVPB

Dose: 50 mg/kg Route: intravenous every 24 hours over 2 Hours for 4 doses

Offset: 1 Hours

Instructions:

Day -6, -5, -4, -3.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION	Medications	50 mg/kg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	500 mL	No	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	500 mL	Yes	Yes

mesna (MESNEX) 10 mg/kg in sodium chloride 0.9 % 100 mL chemo IVPB

Dose: 10 mg/kg Route: intravenous every 4 hours over 30 Minutes for 24 doses

Offset: 4.5 Hours

Instructions:

Day -6, -5, -4, -3.

Start 4 hours AFTER loading dose of Mesna.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	MESNA 100 MG/ML INTRAVENOUS SOLUTION	Medications	10 mg/kg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	100 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	100 mL	No	Yes

alemtuzumab (CAMPATH) 10 mg in sodium chloride 0.9 % 100 mL IVPB

Dose: 10 mg | Route: intravenous | every 24 hours over 2 Hours for 4 doses

Start: S+2

Instructions:
Day -4, -3, -2, -1.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ALEMTUZUMAB 30 MG/ML INTRAVENOUS SOLUTION	Medications	10 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	100 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	100 mL	No	Yes

Nursing Orders

ONC NURSING COMMUNICATION 27

Interval: Until discontinued | Occurrences: --

Comments: Day -2, -1. Notify TMH Radiation Oncology (713-441-4800) of patient's admission and obtain time of TBI.

Additional Orders

ONC NURSING COMMUNICATION 28

Interval: Until discontinued | Occurrences: --

Comments: -12 lead EKG PRIOR to each dose of cyclophosphamide.

-Change IVF to Normal Saline at 125 mL/hr (MAX total volume infusion rate during chemotherapy = 350 mL/hr).

-Instruct patient to void every 1-2 hours DAILY x 5 days.

sodium chloride 0.9 % infusion 1,000 mL

Dose: 1,000 mL | Route: intravenous | daily @ 125 mL/hr

Instructions:
Max total volume infusion rate during chemotherapy = 350 mL/hr.

sodium chloride 0.9 % infusion 1,000 mL

Dose: 1,000 mL | Route: intravenous | every 24 hours @ 42 mL/hr

Start: S+5

Instructions:
Max total volume infusion rate during chemotherapy = 350 mL/hr.

Starting Day -1.

ONC NURSING COMMUNICATION 7
Interval: Until discontinued
Occurrences: --
Comments:
During CYCLOPHOSPHAMIDE:
-12 lead EKG must be ordered and reviewed by physician prior to each dose.
-Starting 4 hours PRIOR to cyclophosphamide, change IVF to Normal Saline at 125 mL/hr and continue for 24 hours after last dose of cyclophosphamide completes. (MAX total volume infusion rate during chemotherapy = 350 mL/hr).
-Instruct patient to void every 1-2 hours DAILY x 3 days.

furosemide (LASIX) injection 20 mg
Dose: 20 mg | Route: intravenous | every 24 hours
Offset: 3 Hours
Instructions:
-Give at completion of each dose of cyclophosphamide infusion.

furosemide (LASIX) injection 20 mg
Dose: 20 mg | Route: intravenous | every 24 hours
Offset: 9 Hours
Instructions:
-Give 6 hours after above dose Q24H x 2 days

ONC NURSING COMMUNICATION 29
Interval: Daily
Occurrences: --
Comments:
-Monitor VS (temperature, pulse, respirations, and blood pressure) every 15 minutes during Alemtuzumab infusion and for 1 hour following completion.
-Continuous oxygen saturation monitoring during Alemtuzumab infusion and for 1 hour following completion. Keep oxygen at bedside through Day 0.
-STOP INFUSION and CONTACT MD if any of the following occur: shortness of breath, wheezing, chills, severe myalgia, hypotension, rash, or chest pain.

meperidine (DEMEROL) 25 mg/mL injection 12.5 mg
Dose: 12.5 mg | Route: intravenous | every 15 min PRN for 3 doses
Start: S+2

acetaminophen (TYLENOL) tablet 650 mg
Dose: 650 mg | Route: oral | every 24 hours
Start: S+2
Instructions:
PREMED for ALEMTUZUMAB on Days -4, -3, -2, -1.

diphenhydrAMINE (BENADRYL) injection 25 mg
Dose: 25 mg | Route: intravenous | every 24 hours
Start: S+2
Instructions:
PREMED for ALEMTUZUMAB on Days -4, -3, -2, -1.

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg
Dose: 100 mg | Route: intravenous | every 24 hours

Start: S+2
Instructions:
PREMED for ALEMTUZUMAB on Days -4, -3, -2, -1.

Line Flush

sodium chloride 0.9 % flush 20 mL
Dose: 20 mL Route: intravenous PRN

Acute Graft Versus Host Prophylaxis

tacrolimus (PROGRAF) 0.02 mg/kg in dextrose 5% 250 mL infusion
Dose: 0.02 mg/kg Route: intravenous every 24 hours over 24 Hours
Start: S+4 4:00 PM
Instructions:
Start Day -2.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	TACROLIMUS 5 MG/ML INTRAVENOUS SOLUTION	Medications	0.02 mg/kg	Main Ingredient	No
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	250 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	Base	250 mL	Yes	Yes

Day 0 Perform every 1 day x1

Labs

CYTOMEGALOVIRUS ANTIGEN
Interval: Every Mon, Thu Occurrences: --
Comments: Draw on Monday and Thursday if WBC > 1

CYTOMEGALOVIRUS BY PCR
Interval: Every Mon, Thu Occurrences: --
Comments: Draw on Monday and Thursday if WBC < 1

FK506 TACROLIMUS LEVEL, RANDOM
Interval: Once Occurrences: --
Comments: Draw on Day 0

Line Flush

sodium chloride 0.9 % flush 20 mL
Dose: 20 mL Route: intravenous PRN
Start: S

Antiemetics

ondansetron (ZOFRAN) 16 mg in sodium chloride 0.9 % 50 mL IVPB
Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose
Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Main Ingredient	No
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS	Base	50 mL	No	Yes

SOLUTION					
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes	

Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg
Dose: 650 mg Route: oral once for 1 dose
Start: S
Instructions:
Premed for TRANSPLANT

diphenhydrAMINE (BENADRYL) injection 25 mg
Dose: 25 mg Route: intravenous once for 1 dose
Start: S
Instructions:
Premed for TRANSPLANT

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg
Dose: 100 mg Route: intravenous once for 1 dose

Instructions:
Premed for TRANSPLANT

Transplant Orders

ONC NURSING COMMUNICATION 55
Interval: Once Occurrences: --
Comments: -Oxygen at bedside during transplantation
-Anaphylaxis precautions at bedside during transplant:

meperidine (DEMEROL) injection 12.5 mg
Dose: 12.5 mg Route: intravenous every 15 min PRN for 3 doses
Start: S
Instructions:
Administer every 15 minutes x 3 doses PRN for each episode of rigors (if rigors persist, call MD).

epINEPHrine (ADRENALIN) 1 mg/1 mL injection 0.3 mg
Dose: 0.3 mg Route: subcutaneous PRN
Start: S End: S+1

diphenhydrAMINE (BENADRYL) injection 25 mg
Dose: 25 mg Route: intravenous PRN
Start: S End: S+1

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg
Dose: 100 mg Route: intravenous PRN

Acute Graft Versus Host Prophylaxis

tacrolimus (PROGRAF) 0.02 mg/kg in dextrose 5% 250 mL infusion
Dose: 0.02 mg/kg Route: intravenous every 24 hours over 24 Hours
Start: S 4:00 PM

Ingredients:	**Name**	**Type**	**Dose**	**Selected**	**Adds Vol.**
	TACROLIMUS 5 MG/ML INTRAVENOUS SOLUTION	Medications	0.02 mg/kg	Main Ingredient	No
	SODIUM	Base	250 mL	No	Yes

CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)					
DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	Base	250 mL	Yes	Yes	

Day 1 through 11 — Perform every 1 day x1

Labs

CYTOMEGALOVIRUS ANTIGEN
Interval: Every Mon, Thu — Occurrences: --
Comments: Draw on Monday and Thursday if WBC > 1

CYTOMEGALOVIRUS BY PCR
Interval: Every Mon, Thu — Occurrences: --
Comments: Draw on Monday and Thursday if WBC < 1

FK506 TACROLIMUS LEVEL, RANDOM
Interval: Every Mon, Wed, Fri — Occurrences: --

Line Flush

sodium chloride 0.9 % flush 20 mL
Dose: 20 mL — Route: intravenous — PRN
Start: S

Pre-Medications

ondansetron (ZOFRAN) 16 mg in sodium chloride 0.9 % 50 mL IVPB
Dose: 16 mg — Route: intravenous — once over 15 Minutes for 1 dose
Start: S
Instructions:
Day +1.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Main Ingredient	No
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	50 mL	No	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Yes	Yes

Antiemetics

ondansetron (ZOFRAN) injection 8 mg
Dose: 8 mg — Route: intravenous — every 8 hours PRN
Start: S+1
Instructions:
Start on Day +2

Post-Transplant Orders

ONC NURSING COMMUNICATION 56
Interval: Once — Occurrences: --
Comments: -Oxygen at bedside 24 hours after transplantation
-Anaphylaxis precautions at bedside 24 hours after transplant:

meperidine (DEMEROL) injection 12.5 mg
Dose: 12.5 mg — Route: intravenous — every 15 min PRN for 3 doses
Start: S

Instructions:
Administer every 15 minutes x 3 doses PRN for each episode of rigors (if rigors persist, call MD).

epINEPHrine (ADRENALIN) 1 mg/1 mL injection 0.3 mg
Dose: 0.3 mg | Route: subcutaneous | PRN
Start: S | End: S+1

diphenhydrAMINE (BENADRYL) injection 25 mg
Dose: 25 mg | Route: intravenous | PRN
Start: S | End: S+1

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg
Dose: 100 mg | Route: intravenous | PRN

Acute Graft Versus Host Prophylaxis

tacrolimus (PROGRAF) 0.02 mg/kg in dextrose 5% 250 mL infusion
Dose: 0.02 mg/kg | Route: intravenous | every 24 hours over 24 Hours
Start: S 4:00 PM

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
TACROLIMUS 5 MG/ML INTRAVENOUS SOLUTION	Medications	0.02 mg/kg	Main Ingredient	No
SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	250 mL	No	Yes
DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	Base	250 mL	Yes	Yes

methotrexate PF 5 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB
Dose: 5 mg/m2 | Route: intravenous | once over 15 Minutes for 1 dose
Start: S
Instructions:
HOLD UNTIL APPROVED BY CAGT.

Day +1.

Ingredients:

Name	Type	Dose	Selected	Adds Vol.
METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	5 mg/m2	Main Ingredient	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	50 mL	No	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes

methotrexate PF 5 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB
Dose: 5 mg/m2 | Route: intravenous | once over 15 Minutes for 1 dose
Start: S+2
Instructions:

HOLD UNTIL APPROVED BY CAGT.

Day +3.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	5 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	50 mL	No	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes

methotrexate PF 5 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 5 mg/m2 Route: intravenous once over 15 Minutes for 1 dose
Start: S+5
Instructions:
HOLD UNTIL APPROVED BY CAGT.

Day +6.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	5 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	50 mL	No	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes

methotrexate PF 5 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 5 mg/m2 Route: intravenous once over 15 Minutes for 1 dose
Start: S+10
Instructions:
HOLD UNTIL APPROVED BY CAGT.

Day +11.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	5 mg/m2	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	50 mL	No	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes