

Cyclophosphamide: Single dose for Multiple Myeloma

Contact Physician: _____

Diagnosis: _____

Cycle: _____

Weight: _____ **Height:** _____ **BSA:** _____

Adjusted IBW: _____ **Adjusted BSA:** _____

Allergies: _____

1. **Hydration:** Begin IV hydration 4 hours prior to first dose of cyclophosphamide with (circle one) a) NS or b) D5/0.45% NS at _____ ml/hour (3.0L/M²/ day). Continue hydration throughout chemotherapy and for 6 hours after completion of cyclophosphamide.
2. **Pre-Medications:** (check the appropriate medications)
 - Dolasetron: 100 mg PO 30 minutes prior to cyclophosphamide
 - Dexamethasone: 10 mg PO 30 minutes prior to cyclophosphamide
 - Lorazepam: 0.5mg - 1.0mg PO or IV every 4 hours prn nausea
 - Haldol 0.5 - 1.0 mg IV every 4 hours prn nausea
3. **Other Medications:** (check the appropriate medications)
 - Allopurinol: 300mg PO daily for _____ days
 - Acyclovir: 400mg PO BID
 - TMP/Sulfa: 80/400mg 2 tablets PO BID every Sat/Sun
 - Antifungal:
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4. **Chemotherapy:**
 - **Cyclophosphamide** (2.0 Gm/M²) _____ Gms IV over 2 hours on _____.

- **Mesna** (360 mg/M²) _____ mg IV over 1 hour (to be given one hour prior to start of cyclophosphamide), to be followed by **Mesna** (120 mg/M²/hour) _____ mg/hour for 12 hours.
- **Furosemide**: 20 mg IV to be administered at the completion of cyclophosphamide infusion.
- **Filgrastim**: (≤ 70 kg - 300mcg; >70 kg - 480mcg) _____ mcg subcutaneously every day starting _____ (first Monday after chemotherapy) and continue until ANC recovers after nadir (ANC 4000 after nadir).

Patient should void every 2 hours and maintain urine output of 100 ml/hour over a 4 hour period.

Discharge Labs: WBC, diff, Hgb, plt counts every Monday and Thursday. If done at outside lab, fax results to (608) 265-5569.

Signed: _____ Pager: _____

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