

#### Physician Orders PEDIATRIC: LEB DTU Cyclophosphamide (Cytoxan) Lupus Glomerulonephritis Infusion Plan

#### Initiate Orders Phase

#### Care Sets/Protocols/PowerPlans

Initiate Powerplan Phase

Phase: LEB Cyclophosphamide (Cytoxan) Lupus Glomerulonephritis Phase, When to Initiate:

# LEB (Cytoxan) Lupus Glomerulonephritis Phase Admission/Transfer/Discharge

Patient Status Initial Outpatient

T;N Attending Physician: \_\_\_\_\_

Reason for Visit:\_\_\_\_\_

Bed Type: \_\_\_\_\_ Specific Unit: Neurology Infusion Unit (DEF)\* Outpatient Status/Service: [] Ambulatory Surgery, [] OP Diagnostic Procedure [] OP OBSERVATION Services

T;N Attending Physician: \_\_\_\_\_
Reason for Visit:\_\_\_\_\_

Bed Type: \_\_\_\_\_\_ Specific Unit: Renal Infusion Unit Outpatient Status/Service: [] Ambulatory Surgery, [] OP Diagnostic Procedure [] OP OBSERVATION Services

# Discharge Instructions

Followup Appointments: Schedule the next dose in 4 weeks. (DEF)\* Followup Appointments: Schedule the next dose in \_\_\_\_\_month/months

# Notify Physician-Once

Notify For: upon patient's arrival.

#### Condition

Condition

T;N, Fair

#### Vital Signs

☑ Vital Signs

Routine Monitor and Record T,P,R,BP, with BP, hourly during the infusions

#### **Food/Nutrition**

 Regular Pediatric Diet
 Sodium Control Diet No added salt

# 🛛 NPO

- Patient Care
  - Height

Routine, upon arrival to unit

☑ Weight

upon arrival to unit



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| $\mathbf{\nabla}$       | INT Insert/Site Care LEB   |   |  |  |
|-------------------------|--|---|--|--|
| Nursin                  | ursing Communication   |   |  |  |
| $\checkmark$            | Nursing Communication  |   |  |  |
| $\overline{\mathbf{v}}$ | <i>T;N, Continue to administer fluids for 3 hours following the end of the cyclophosphamide infusion.</i><br>Nursing Communication |   |  |  |
|                         |  | T;N, Encourage the patient to void at hourly intervals.   |  |  |
| Contin                  | uous Infusi  | ion   |  |  |
|                         | D5 1/2NS   |   |  |  |
|                         |  | 1,000 mL, IV, Routine, mL/m2/hr (DEF)*  |  |  |
|                         |  | Comments: Pre-hydrate for 3 hours before cyclophosphamide infusion. Continue the IV Fluids during the cyclophosphamide infusion and for 3 hours post infusion.  |  |  |
|                         |  | 1,000 mL, IV, Routine, 125 mL/hr  |  |  |
|                         |  | Comments: Pre-hydrate for 3 hours before cyclophosphamide infusion. Continue the IV Fluids during the cyclophosphamide infusion and for 3 hours post infusion.  |  |  |
|                         |  | 1,000 mL, IV, Routine, 150 mL/hr  |  |  |
|                         |  | Comments: Pre-hydrate for 3 hours before cyclophosphamide infusion. Continue the IV Fluids during the cyclophosphamide infusion and for 3 hours post infusion.  |  |  |
|                         |  | 1,000 mL, IV, Routine, 200 mL/hr  |  |  |
|                         |  | Comments: Pre-hydrate for 3 hours before cyclophosphamide infusion. Continue the IV Fluids during the cyclophosphamide infusion and for 3 hours post infusion.  |  |  |
|                         |  | 1,000 mL, IV, Routine, 250 mL/hr  |  |  |
|                         |  | Comments: Pre-hydrate for 3 hours before cyclophosphamide infusion. Continue the IV Fluids during the cyclophosphamide infusion and for 3 hours post infusion.  |  |  |
|                         | Sodium Ch  | nloride 0.9%  |  |  |
|                         | 5  | i0 mL, IV, Routine, To be used for flush post infusion  |  |  |
| Medica                  | ations   |   |  |  |
|                         | +1 Hours ondansetron   |   |  |  |
|                         |  | .15 mg/kg, Ped Injectable, IV, bid, Routine, (for 2 dose ), Max dose = 8mg<br>Comments: and second dose four hours after the first dose of Zofran.  |  |  |
|                         | +2 Hours   | mesna   |  |  |
| _                       |  | 0.125 g/m2, Injection, IV Piggyback, tid, Routine, (for 3 dose ), Use this dose when selecting 0.5  |  |  |
|                         | g/m2 cyclophosphamide dose (DEF)*  |   |  |  |
|                         | _  | Comments: administer 30 min prior to cyclophosphamide and second dose four hours after<br>the first dose of Zofran.   |  |  |
|                         |  | 0.188 g/m2, Injection, IV Piggyback, tid, Routine, (for 3 dose), Use this dose when selecting 0.75  |  |  |
|                         | g/ı  | m2 cyclophosphamide dose  |  |  |
|                         |  | Comments: Each dose = 25% of cyclophosphamide dose, administer first dose 30min prior to cyclophosphamide, second dose immediately after cyclophosphamide infusion and third dose three hours after second dose of mesna. * Three MESNA doses, total Mesna dose is equal to |  |  |
|                         |  |   |  |  |
| LEB DTU                 | Cyclophosphami   | de (Cytoxan) Lupus Glomerulonephritis Infusion Plan 51102 QM0817 PP 101717 Page 2 of 4  |  |  |
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75% of Cvclophosphamide dose

|        | 0.25 g/m2, Injection, IV Piggyback, tid, Routine, (for 3 dose), Use this dose when selecting 1 g/m2 cyclophosphamide dose   |  |  |
|--------|---|--|--|
|        | Comments: Each dose = 25% of cyclophosphamide dose, administer first dose 30min prior to cyclophosphamide, second dose immediately after cyclophosphamide infusion and third dose three hours after second dose of mesna. * Three MESNA doses, total Mesna dose is equal to 75% of Cyclophosphamide dose* |  |  |
|        | +3 Hours cyclophosphamide   |  |  |
|        | 0.5 g/m2, Injection, IV Piggyback, once, Routine, ( infuse over 1 hr ), Lupus Glomerulonephritis<br>(DEF)*  |  |  |
|        | Comments: Infuse over 1 hour. To be ran with IV Fluid.  |  |  |
|        | 0.75 g/m2, Injection, IV Piggyback, once, Routine, (infuse over 1 hr), Lupus Glomerulonephritis<br>Comments: Infuse over 1 hour. To be ran with IV Fluid.   |  |  |
|        | 1 g/m2, Injection, IV Piggyback, once, Routine, (infuse over 1 hr), Lupus Glomerulonephritis<br>Comments: Infuse over 1 hour. To be ran with IV Fluid.  |  |  |
|        | +1 Hours methylPREDNISolone sodium succinate  |  |  |
|        | 10 mg/kg, Ped Injectable, IV, once, Routine (DEF)*  |  |  |
|        | 250 mg/kg, Ped Injectable, IV, once, Routine  |  |  |
|        | 500 mg/kg, Ped Injectable, IV, once, Routine  |  |  |
|        | 1,000 mg/kg, Ped Injectable, IV, once, Routine  |  |  |
| Labora | -   |  |  |
|        | CBC   |  |  |
|        | STAT, T;N, once, Type: Blood<br>CMP   |  |  |
|        | STAT, T;N, once, Type: Blood  |  |  |
|        | ESR   |  |  |
|        | STAT, T;N, once, Type: Blood  |  |  |
|        | C3 Complement   |  |  |
|        | STAT, T;N, once, Type: Blood  |  |  |
|        | C4 Complement   |  |  |
|        | STAT, T;N, once, Type: Blood<br>Double Stranded DNA Antibody  |  |  |
|        | STAT, T;N, once, Type: Blood  |  |  |
|        | Protein Urine Random  |  |  |
| _      | STAT, T;N, once, Type: Urine, Nurse Collect   |  |  |
|        | Creatinine Urine Random   |  |  |
|        | STAT, T;N, once, Type: Urine, Nurse Collect   |  |  |
|        | HCG Quantitative  |  |  |



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|        | STAT, T;N, once, Type: Blood                |
|--------|---|
| $\Box$ | Urinalysis w/Reflex Microscopic Exam        |
|        | STAT, T;N, once, Type: Urine, Nurse Collect |
|        | ANA   |
|        | STAT, T;N, once, Type: Blood                |
|        | Osmolality Urine                            |
|        | STAT, T;N, once, Type: Urine, Nurse Collect |

Date

Time

Physician's Signature

**MD** Number

#### \*Report Legend:

DEF - This order sentence is the default for the selected order GOAL - This component is a goal IND - This component is an indicator INT - This component is an intervention IVS - This component is an IV Set NOTE - This component is a note Rx - This component is a prescription SUB - This component is a sub phase, see separate sheet R-Required order

