

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> 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 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 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		
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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 (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 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 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 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 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

