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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- INT Insert/Site Care LEB

Nursing Communication
- Nursing Communication
  
  T;N, Continue to administer fluids for 3 hours following the end of the cyclophosphamide infusion.

- Nursing Communication
  
  T;N, Encourage the patient to void at hourly intervals.

Continuous Infusion
- 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 Chloride 0.9%
  
  50 mL, IV, Routine, To be used for flush post infusion

Medications
- +1 Hours ondansetron
  
  0.15 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/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 Cyclophosphamide 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

Laboratory

☐ 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
☐ 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