



Print Patient Name (Required)

DOB

Height (cm):
Weight (kg):
BSA (m2):
Allergies:

Place Patient Barcode Here

Cyclophosphamide (Cytosan) Infusion – Non-Oncologic

Admit to: Inpatient Outpatient Observation
Port Broviac PICC Place Peripheral IV Topical anesthetic per protocol
Normal Saline/Heparin Flush per protocol

Premedications

Ondansetron (0.15mg/kg) = mg (max 8mg) PO once 30-60 min prior to infusion
NS bolus ml over 1 hour prior to pre-medication of Mesna
Mesna mg in NS IV over 15 - 30 min prior to start of cyclophosphamide

Cyclophosphamide mg/m2 or mg/kg = mg in NS IV over 1 hour. Pharmacy to dilute to 2 to 20 mg/mL
NS to run at a rate of ml/hr after completion of Cyclophosphamide; discontinue prior to last Mesna
Mesna: mg in NS IV over 15 - 30 min, given at hours and hours after the start of cyclophosphamide

Nursing Orders
Weigh patient prior to infusion
Monitor Vital Signs before start of infusion and at the end of the infusion, and prior to discharge
CBC CMP UA Other:
Call lab results prior to starting infusion

PRN Medications:
Ibuprofen (10mg/kg)= mg (max 800mg) PO once prn mild pain/temp >100.4
Acetaminophen (15mg/kg) = mg (mg 650mg) PO once prn mild pain/temp>100.4
Ondansetron (0.15mg/kg)= mg (max 8mg) IV once prn nausea

Medications for allergic reaction (hives/itching/flushing, etc):
If allergic reaction occurs, call ordering provider immediately and give all medications ordered below. Do not delay administering medication on provider response. If ordering provider does not respond in 15 minutes call a Code Blue.
Diphenhydramine (1 mg/kg) = mg (Max dose 50 mg) IV (must wait at least 4 hours from any prior dose)
Famotidine (0.5mg/kg)= mg (max 20mg) IV once
Methylprednisolone (2 mg/kg) = mg (Max dose 60 mg) IV once (must wait 6 hours from any prior steroid dose)

For Anaphylaxis (Call a Code Blue):
< 10 kg: Epinephrine 1 mg/mL (0.01 mg/kg) = mg IM
10 to < 25 kg: Epinephrine 0.15 mg auto-injector (EpiPen Jr.) IM
≥ 25 kg: Epinephrine 0.3 mg auto-injector (EpiPen) IM

Orders good until this date: Infusion Frequency:
Physician's Signature: Date: Time:
Printed Name: