### PHYSICIAN’S ORDERS

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<th>DATE</th>
<th>HOUR</th>
<th>POST HIGH DOSE CHEMOTHERAPY WITH STEM CELL RESCUE</th>
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1. To Level 12 East: Inpatient  Date:__________________________
2. Diagnosis:__________________________ Day___________ Post Transplant
3. Vital Signs every 4 hours.
4. Strict intake and output and record every shift.
5. Daily weight and record by 0600 each AM.
6. Diet as tolerated on admission.
   a. Change to neutropenic diet when patient’s Absolute Neutrophil Count drops to/below 1000 mm\(^3\) (1 X 10\(^3\)).
   b. Dietary consult to assess and manage diet. Please change diet to soft or liquids with between meals snacks when patient develops mucositis or anorexia.
7. NO VACCINATIONS!
   NO SCD’s or anticoagulants at this time due to low platelet counts
   NO IM (intramuscular) injections at this time due to low platelet count
8. Notify blood bank: ALL BLOOD PRODUCTS IRRADIATED AND LEUKOREDUCTED.
9. Daily labs to be drawn at 0500 each morning unless specified STAT; RN to draw blood for lab if from central venous line as follows:
   a. Each Monday and Friday: CBC with diff, CMP, Magnesium
   b. Each day (other than Monday and Friday): CBC with diff, BMP, Magnesium
   c. Portable Chest X−ray on day of stem cell infusion (transplant) and weekly thereafter.
10. Begin IV with D5 1/2 NS at ______mL per hour
11. Ambulate patient three times daily; consult physical therapy as necessary to keep patient moving. Patient must wear mask when outside room after patient becomes neutropenic. If patient unable to ambulate, document reason.
12. Chlorhexidine bath daily.

#### 13. Medications as checked by MD:
Stem Cell infusion (transplant)
Day 0 is ___________________
- [ ] tbo−filgrastim (GRANIX) ___________mcg (6 mcg/kg actual body weight) subcutaneously daily beginning on day six after transplant.
  DAY SIX IS ______________(DAY AND DATE)
- [ ] levofloxacin (LEVAQUIN) 500 mg PO Daily; discontinue oral and give IV when patient is unable to swallow or develops neutropenic fever
- [ ] valacyclovir (VALTREX) 500 mg PO Q 12 hours; discontinue oral and administer acyclovir (ZOVIRAX) 5 mg/kg IV Q 8 hours (pharmacy to calculate the dose) when patient is unable to swallow or develops neutropenic fever
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**POST HIGH DOSE CHEMOTHERAPY WITH STEM CELL RESCUE**

- **medications continued**
  - nystatin (MYCOSTATIN) 5 mL PO swish and swallow QID
  - fluconazole (DIFLUCAN) 200 mg PO daily; discontinue oral and give IV when patient is unable to swallow or develops neutropenic fever
  - famotidine (PEPCID) 20 mg PO Q 12 hours; discontinue oral and give IV when patient is unable to swallow or develops neutropenic fever.
  - lorazepam (ATIVAN) 0.5 mg PO every 3 hours PRN nausea, vomiting, or anxiety; may give IV if unable to swallow or vomiting
  - ondansetron (ZOFRAN) 4 mg to 8 mg PO Q 6 hours PRN nausea; may give 4 mg IV Q 6 hours PRN if unable to swallow or vomiting
  - prochlorperazine (COMPAZINE) 5 mg to 10 mg PO Q 4 hours PRN nausea if ondansetron (ZOFRAN) ineffective; may give 2.5 to 10 mg IV (dilute in 10 mL saline) slow IV Push if unable to swallow or vomiting. **MAXIMUM DOSE 40 MG/Day**
  - acetaminophen (TYLENOL) 650 mg PO Q 4 hours PRN mild pain or temp over 100.5°F. May use Alcohol free Acetaminophen liquid if unable to swallow pills. **MAXIMUM DOSE OF ACETAMINOPHEN IS 4000 MG IN 24 HOURS**
  - loperamide (IMODIUM) 4 mg PO after first loose stool, then 2 mg after every loose stool; not to exceed 16 mg in 24 hours. May use alcohol free loperamide liquid if unable to swallow pill form.
  - diphenoxylate 2.5 mg with atropine 0.025 mg (LOMOTIL) 1 tablet PO after each loose stool (do not exceed 8 tablets in a 24 hour period). May use if loperamide (IMODIUM) is not effective and **ONLY if stool for C. Difficile is negative**
    - diphenoxylate/atropine is contraindicated in C–Difficile positive patients.
  - temazepam (RESTORIL) 15 mg PO every HS PRN sleep; may administer additional 15 mg x 1 in 1 hour if needed
  - chlorhexidine gluconate (PERIDEX) 15 mL swish and expectorate PC and HS beginning on admission
  - Miracle Mouth Wash (nystatin 1 part, Diphenhydramine 1 part, viscous lidocaine 1 part) (swish and swallow Q 4 hours PRN mucositis; begin at first sign of mucositis and continue until discontinued by physician.
  - Viscous lidocaine 2% oral solution. Saturate Q–tip with solution and dab on mouth ulcers Q 30 minutes PRN mouth discomfort. **SPIT** any excess lidocaine out.
  - bismuth subsalicylate (PEPTO BISMOL) and diphenhydramine (BENADRYL) 1:1 Ratio QS to a total volume of 120 mL. Swish and **SPIT** 5 mL Q 4 H PRN mucositis.
  - aluminum hydroxide, magnesium hydroxide and simethicone (MAALOX MAX) 30 mL PO Q 4 H PRN indigestion.
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14. Temperature elevations over 100.4°F or hard chill with ANC less than 1000 mm³ (1 X 10⁹):
   - a. Notify MD STAT of initial spike or 100.4°F or hard chill, or any subsequent temperature spike of 102°F or greater
   - b. STAT blood cultures X 2 after initial temp spike/hard chill and repeat if there is a temp spike of 101°F or greater 24 hours from last blood culture draw. One culture from central line/PICC and one peripherally on first spike; then cultures from central venous line on subsequent spikes
   - c. STAT sputum culture if coughing
   - d. STAT urinalysis, culture and sensitivity on initial temperature spike/hard chill and every 3rd febrile day
   - e. STAT portable chest X-ray on initial temperature spike/hard chill

15. Central Venous Catheter Care/PICC care as per hospital policy

16. Diarrhea Orders:
   - a. Send first diarrhea stool specimen to lab for fecal leukocytes and c–difficile
   - b. Begin loperamide (IMODIUM) per medication orders above after collecting lab specimen
     1. If patient is unresponsive to loperamide (IMODIUM), may change to diphenoxylate/atropine (LOMOTIL), but ONLY IF FECAL SPECIMEN IS NEGATIVE FOR C–DIFFICILE. LOMOTIL IS CONTRAINDICATED IN C–DIFFICILE POSITIVE PATIENTS!
   - c. For patients who are C. Difficile positive, use only soap and water for hand washing. Antimicrobial hand rinses are NOT sufficient in this patient population; meticulous hand washing with soap and water
   - d. Meticulous perineal and rectal care per protocol

17. Transfusion Orders:
   - a. Anemia: HCT below 24% and/or HGB below 8 g/DL
     1. Complete Hospital approved "Transfusion Orders for Blood Products" form
     2. Complete Hospital approved consent for blood products
     3. Pre–medicate with:
        a. diphenhydramine (BENADRYL) 25 mg PO x 1 dose. May give IV if unable to tolerate oral.
        b. acetaminophen (TYLENOL) 650 MG PO x 1 dose
        c. May repeat diphenhydramine (BENADRYL) 25 mg IV PRN rigors during infusion
     4. Type and crossmatch for 1 units leucopoor irradiated packed red blood cells and give when ready
     5. furosemide (LASIX) 20 mg IV Push over 2 minutes between units
   - b. Platelet Count below 20,000:
     1. Complete Hospital approved "Transfusion Orders for Blood Products" form
     2. Complete Hospital approved consent for blood products
     3. Pre–medicate with diphenhydramine (BENADRYL) 25 mg PO x 1 dose. May give IV if unable to tolerate oral.
     4. acetaminophen (TYLENOL) 650 mg PO x 1 dose
     5. May repeat diphenhydramine (BENADRYL) 25 mg IV Q 2 H PRN for rigors during infusion
     6. Transfuse ONE unit single donor irradiated platelets as soon as ready
     7. Draw platelet count one hour post transfusion

   NOTE: ACETAMINOPHEN (TYLENOL) MAXIMUM DOSE IS 4000 MG/24 HOURS

18. Electrolyte Orders:
   - a. Please refer to the Providence Hospital Electrolyte Replacement Orders.
   - b. Please change to IV replacement option ASAP if patient is NPO, nauseated or starts to develop mouth ulcers.
PROVIDENCE HOSPITAL  
6801 Airport Boulevard, Mobile AL 36608,  
251/633–1000

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<td></td>
<td></td>
<td>19. NOTIFY PHYSICIAN IMMEDIATELY FOR:</td>
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<td></td>
<td></td>
<td>a. Systolic Blood Pressure less than 90</td>
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<td>b. Heart rate less than 50 beats/minute or greater than 130 beats/min</td>
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<td>c. Bloody Diarrhea or hemoptysis</td>
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<td>d. Change in mental status</td>
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<td>20. Orders for EMERGENCY MEASURES:</td>
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<td>Any severe change in clinical status: Call EET and Notify Physician STAT</td>
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<td>a. Allergic Reaction or Anaphylaxis</td>
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<td></td>
<td>1. Administer diphenhydramine (BENADRYL) 50 mg IV STAT for Allergic Reaction</td>
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<td>2. epinephrine 0.3 mg SUBQ STAT for allergic reaction or anaphylaxis. May repeat 0.3 mg SUBQ Q 15 minutes PRN airway obstruction due to reaction.</td>
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<td>3. Check oxygen saturation level and begin Oxygen at 2 L/min per nasal cannula if O2 saturation level is less than 90%</td>
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<td>4. Maintain airway and venous access</td>
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<td>b. Severe respiratory Distress:</td>
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<td>1. STAT Oxygen saturation level via pulse oximeter</td>
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<td>2. STAT arterial Blood Gases (ABG). After ABG, start oxygen per nasal cannula at 2 liters per minute via suitable delivery system (cannula, mask)</td>
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<td>3. STAT portable chest X−ray</td>
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<td>c. Severe hypotension: (systemic blood pressure less than 90):</td>
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<td>1. Start oxygen at 2 liter/minute per nasal cannula</td>
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<td>2. Place patient in Trendelenburg position</td>
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<td>3. Increase IV fluids to 250 mL per hour</td>
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<td>d. Severe Chest pain:</td>
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<td>1. STAT EKG</td>
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<td>4. Maintain airway and venous access</td>
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RN or PA Signature __________________________  Date _________  Time _________

Physician Signature __________________________  Date _________  Time _________

Developed: August 1995
Revised: January 2016
Revised: May 2017

Date Printed: PHY00036pg4
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