

**PATIENT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

PHN: \_\_\_\_\_

Phone number: \_\_\_\_\_

**CYCLOPHOSPHAMIDE INFUSION PROTOCOL  
For Glomerulonephritis**

Rev: Jan/19

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☛ Mandatory     Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.

- ☛ Admit to medical short stay under Dr. \_\_\_\_\_
- ☛ Insert IV into dominant arm, or if arteriovenous fistula or graft present, then opposite arm
- ☛ Vital signs x 1, then PRN

**LABORATORY:**            ☛ CBC with differential, serum creatinine, BUN, electrolytes  
 Other: \_\_\_\_\_

**ANTIEMETICS:**             ondansetron 4 mg IV 30 min prior or 8 mg PO 1 hour prior to treatment  
 Other: \_\_\_\_\_  
 ondansetron 4 mg IV or 8 mg PO x 1 PRN for nausea during infusion  
 Other: \_\_\_\_\_

**HYDRATION:**             NaCl 0.9% 1000 mL IV over 3 hours, start 1-hour prior to start of infusion  
 NaCl 0.9% \_\_\_\_\_ mL IV over \_\_\_\_\_ hour(s), start \_\_\_\_\_ hour(s) prior to start of infusion  
 Other: \_\_\_\_\_

**AND**

- Encourage patient to have good oral fluid intake after the treatment of at least 2 L in 24 hours

**CYCLOPHOSPHAMIDE DOSE**

**NIH protocol:**             cyclophosphamide 500 to 1000 mg/m<sup>2</sup> x \_\_\_\_\_ m<sup>2</sup> = \_\_\_\_\_ mg IV

**Recommended dosing schedule for the NIH protocol:**

eGFR less than 30 ml/min/1.73 m <sup>2</sup> OR age over 70 years	Reduce dose by 25%
eGFR less than 30 ml/min/1.73 m <sup>2</sup> AND age over 70 years	Reduce dose by 50%
WBC nadir < 3.5 x 10 <sup>9</sup> /L	Reduce subsequent doses by 25%

**Body Surface Area (BSA) calculation:**

Height: _____ cm	Actual weight: _____ kg
$BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}$	BSA = _____ m <sup>2</sup> • Round to 2 decimal places

DATE (DD/MM/YYYY)	PRESCRIBER NAME (PRINTED)	PRESCRIBER SIGNATURE	COLLEGE ID	CONTACT NUMBER
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**EUVAS vasculitis protocol:**             **cyclophosphamide** \_\_\_\_\_ mg/kg x \_\_\_\_\_ kg = \_\_\_\_\_ mg  
(Max 1.2 g per dose) IV

**Recommended dosing schedule for the EUVAS protocol:**

Age (years)	eGFR greater than 30 ml/min/1.73 m <sup>2</sup>	eGFR less than or equal to 30 ml/min/1.73 m <sup>2</sup>
Less than 60	15 mg/kg	12.5 mg/kg
Between 60 and 70	12.5 mg/kg	10 mg/kg
Greater than 70	10 mg/kg	7.5 mg/kg

**EURO-LUPUS protocol:**             **cyclophosphamide** 500 mg IV

**Other:**                                     **cyclophosphamide** \_\_\_\_\_ mg IV

**CYCLOPHOSPHAMIDE FREQUENCY**

**NIH protocol:**                         Monthly x \_\_\_\_\_ doses  
(recommend: 3 to 6 doses depending on disease type, severity, and response)

**EUVAS vasculitis protocol:**     Q2weeks x 3 doses, then Q3weeks x \_\_\_\_\_ more doses  
(recommend: a minimum of 3 more doses for a total of 4 months to a maximum of 6 more doses for a total of 6 months; total duration depends on response)

**EURO-LUPUS protocol:**             Q2weeks x 6 doses

**Other:**                                     \_\_\_\_\_

**cylophosphamide** to be given on the following dates:

Dose 1: _____	Dose 5: _____	Dose 9: _____
Dose 2: _____	Dose 6: _____	Dose 10: _____
Dose 3: _____	Dose 7: _____	Dose 11: _____
Dose 4: _____	Dose 8: _____	Dose 12: _____

\* **Remove IV**

\* **Discharge home**

**Fax completed order to:**

Medical Day Care (fax number: \_\_\_\_\_ )

Renal pharmacist (fax number: \_\_\_\_\_ )

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