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/m² x _______ m² = _______ mg IV

Recommended dosing schedule for the NIH protocol:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Dosage Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>eGFR less than 30 ml/min/1.73 m² OR age over 70 years</td>
<td>Reduce dose by 25%</td>
</tr>
<tr>
<td>eGFR less than 30 ml/min/1.73 m² AND age over 70 years</td>
<td>Reduce dose by 50%</td>
</tr>
<tr>
<td>WBC nadir &lt; 3.5 x 10⁹/L</td>
<td>Reduce subsequent doses by 25%</td>
</tr>
</tbody>
</table>

Body Surface Area (BSA) calculation:

\[
BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}
\]

Height: _______ cm  
Actual weight: _______ kg  
BSA = _______ m²  
• Round to 2 decimal places
EUVAS vasculitis protocol: ☐ CYCLOPHOSPHAMIDE _____ mg/kg x _______ kg = _______ mg
(Max 1.2 g per dose) IV

Recommended dosing schedule for the EUVAS protocol:

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>eGFR greater than 30 ml/min/1.73 m²</th>
<th>eGFR less than or equal to 30 ml/min/1.73 m²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 60</td>
<td>15 mg/kg</td>
<td>12.5 mg/kg</td>
</tr>
<tr>
<td>Between 60 and 70</td>
<td>12.5 mg/kg</td>
<td>10 mg/kg</td>
</tr>
<tr>
<td>Greater than 70</td>
<td>10 mg/kg</td>
<td>7.5 mg/kg</td>
</tr>
</tbody>
</table>

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: ☐ q2 weeks x 3 doses, then q3 weeks 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: ☐ q2 weeks 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 # ____________________)
and to renal pharmacist (Fax # ____________________)