

Unit no
Surname (affix hospital addressograph)
First name
Date of Birth
Ward
Consultant

**Appendix 1: WESSEX BLOOD AND BONE MARROW
TRANSPLANT – HYDRATION PRESCRIPTION FOR HIGH
DOSE MELPHAN AND VELCADE CHEMOTHERAPY
CONDITIONING FOR HSCT**

WARD

DAY	DATE & TIME	DRUG	DOSE	INFUSION FLUID AND VOLUME	ROUTE	INFUSION RATE	GIVEN/ CHECKED	START TIME	COMMENTS
-2	No later than midnight	HYDRATION FLUID	1000mL	Sodium Chloride 0.9%	IV	To be completed at 0930hrs on day -1			Rate is variable and depends on time started
-1	0845	Contact Pharmacy on ext 5037 to inform them that the patient is ready for melphalan Confirm that they have the melphalan prescription (on ARIA) <input type="checkbox"/> Request melphalan to be on ward by 1045am <input type="checkbox"/> Name of person you spoke to in pharmacy.....at.....hrs Nurse who phoned pharmacy..... 0900hrs: start fluid balance sheet and start daily weight measurement							
-1	0930	HYDRATION FLUID	1000mL	Sodium Chloride 0.9%	IV	Infuse over 90 minutes at 667ml/hr			
-1	1000	Aprepitant Metoclopramide Ondansetron	Prescribed on inpatient prescribing system		Confirm that all of these have been administered on inpatient prescribing system				
-1	1010	FUROSEMIDE	20mg		IV BOLUS	20mg over 5minutes			
-1	1045	FUROSEMIDE	20mg	Measure urine output since 0900hrs. If less than 500mL give this dose of furosemide and continue to re-measure urine output before starting melphalan	IV BOLUS	20mg over 5minutes			
Prescribed by : _____ Date: _____									

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DAY	DATE & TIME	DRUG	DOSE	INFUSION FLUID AND VOLUME	ADDITIVES	ROUTE	INFUSION RATE	GIVEN/ CHECKED	START TIME	COMMENTS
-1	1100	MELPHALAN - See ARIA prescription				If urine output greater than 500ml since 0900hrs continue with melphalan If urine output less than 250ml since 0900hrs (despite two doses of furosemide 20mg iv) contact prescriber first				
-1	1130	HYDRATION FLUID	1000mL	Sodium chloride 0.9%		IV	Infuse over 2 hours at 500ml/hr			
-1	1330	HYDRATION FLUID	1000mL	Sodium chloride 0.9% Potassium chloride 0.2% (27mmol)		IV	Infuse over 4 hours at 250ml/hr			
-1	1730	HYDRATION FLUID	1000mL	Sodium chloride 0.9%		IV	Infuse over 6 hours at 166ml/hr			
-1	2330	BORTEZOMIB – See ARIA prescription				To be given at least 12 hours after melphalan infusion				
-1	2330	HYDRATION FLUID	1000mL	Sodium chloride 0.9% Potassium chloride 0.2% (27mmol)		IV	Infuse over 8 hours at 125ml/hr			
0	0730	HYDRATION FLUID	1000mL	Sodium chloride 0.9%		IV	Infuse over 8 hours at 125ml/hr			
+4		BORTEZOMIB – See ARIA prescription								
Prescribed by :		Date:								