

## Cytotoxic Prescription Chart: Cyclophosphamide Regimen

**Patients Name:** \_\_\_\_\_ **CHI No:** \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_ **Consultant:** \_\_\_\_\_

**Cytotoxic Regimen:** Cyclophosphamide in (ANCA-associated vasculitis)

**Drug**                      **Dose**                      **Route and Schedule of Administration**                      **Cycle Frequency**

**1. Cyclophosphamide**                      **IV infusion in 250mls glucose 5% over 1 hour**                      **Weeks 0, 2 & 4 then every 3 weeks**  
(max dose 1.2g see full protocol below)                      **for 3-6 months for 6-10 doses**

* Age (years)	Estimated GFR (ml/min) based on Cockcroft-Gault equation	
	>30	< 30
<60	15mg/kg/pulse	12.5mg/kg/pulse
≥ 60 and < 70	12.5mg/kg/pulse	10mg/kg/pulse
≥70	10mg/kg/pulse	7.5mg/kg/pulse

**2. Mesna**                      **40% of cyclophosphamide dose** (added to cyclophosphamide infusion as above)

**Investigations:** **Before each cycle:** Urea and Electrolytes (U&E's), Creatinine, calculated creatinine clearance using Cockcroft & Gault Equation, liver function tests (LFT's), calcium/albumin, full blood count (FBC), CRP and urine protein-creatinine ratio (urine PCR). Check full blood count between days 10 & 14 after pulse for nadir

**Toxicities:** **Common:** myelosuppression, fatigue, mild emesis, myelosuppression, haemorrhagic cystitis  
**Fertility:** amenorrhoea, azoospermia - Males should be offered cryopreservation of sperm if treatment is not an emergency.

**Dose Modifications:** **Reduce dose for renal function and age as per full protocol\***  
**For obese/oedematous patients** use ideal body weight plus 30%  
**Delay treatment:** WBC < 4.0, once recovered to > 4.0 reduce dose by 25%. If leucopenia recurs reduce dose again by 25%  
**Reduce dose** if nadir count WCC < 3, By 40% if WBC 1-2 & by 20% if WBC 2-3  
GFR calculated using Cockcroft & Gault equation

**Contraindications:** pregnancy, lactation, hypersensitivity to cyclophosphamide and haemorrhagic cystitis. **Avoid in acute infections.**

**Patient consent signed?** YES/NO  
**Patient counselled?** YES/NO

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Name (please print):** \_\_\_\_\_ **Designation:** \_\_\_\_\_ **(Note: Specialist Registrar or Consultant only)**

**Cytotoxic Prescription Chart: Cyclophosphamide**

<b>Name</b> <b>Date of birth</b> <b>Age</b> <b>CHI number</b> <b>Ward</b>  <b>Or Attach</b> <b>addressograph</b>	<b>Date of bloods</b>						
	Hb						
	WBC						
	plats						
	neuts						
	creat						
	CrCl						
<b>Other</b> <b>CRP</b>							
Chart number:	Height:	Wt	Wt	Wt	Wt	Wt	Wt
<b>CYTOTOXIC DRUGS</b>	<b>Route</b>	<b>Cycle:</b>	<b>Cycle:</b>	<b>Cycle:</b>	<b>Cycle:</b>	<b>Cycle:</b>	<b>Cycle:</b>
		<b>Date due:</b>	<b>Date due:</b>	<b>Date due:</b>	<b>Date due:</b>	<b>Date due:</b>	<b>Date due:</b>
		<b>Dose</b>	<b>Dose</b>	<b>Dose</b>	<b>Dose</b>	<b>Dose</b>	<b>Dose</b>
<b>1. Cyclophosphamide</b>	<b>IV</b>						
<b>2. Mesna</b>	<b>IV</b>						
<b>Document reason for delay or dose change</b>							
<b>PREMEDICATIONS</b>							
<b>Granisetron</b>	<b>PO</b>	<b>1mg</b>	<b>1mg</b>	<b>1mg</b>	<b>1mg</b>	<b>1mg</b>	<b>1mg</b>
Sodium Chloride 0.9% 100ml flush pre infusion	IV						
Sodium Chloride 0.9% 100ml flush post infusion	IV						
<b>TAKE HOME DRUGS</b>							
Domperidone 10mg TDS for 3 days if required	PO						
Prescribed by	<b>Signature, Name &amp; Designation</b>						
Dose change authorised by	<b>Signature, Name &amp; Designation</b>						
Pharmacist check by	<b>Signature, Name &amp; Designation</b>						
Administered by	<b>Signature, Name &amp; Designation</b>						
Checked by	<b>Signature, Name &amp; Designation</b>						