

White Blood Cell Growth Factors (CSF) Orders and Flow Sheet

Patient Name: _____ Date: _____ Weight: _____

Diagnosis: _____ Most recent chemotherapy date: _____ Regimen: _____

Insurance: _____ Approved by: _____ Date Approved: _____

JUSTIFICATION FOR USE:

Primary Administration (Preventive)

- Chemotherapy regimen with the risk of febrile neutropenia (FN) at 20% or higher
- "Dose dense" chemotherapy regimen
- Patient is ≥ 65 years old, has diffuse aggressive lymphoma and receives curative chemotherapy
- Pediatric patient with likelihood of developing FN
- Patient is at higher risk for chemotherapy-induced infectious complications including, but not limited to:
 - >65 years old
 - Previous episodes of FN
 - Extensive prior tx (large radiation ports, prior chemotherapy)
 - Poor performance status
 - Administration of combined chemoradiotherapy
 - Cytopenias due to bone marrow involvement by tumor
 - Poor nutritional status
 - Presence of open wounds/active infections
 - Advanced cancer
 - Other serious comorbidities: _____

Secondary Administration (Preventive)

- Patient had a neutropenic complication from prior chemotherapy (primary prophylaxis not received) and dose reduction or delay may compromise survival or treatment outcome
- Pediatric patient is high-risk

Therapeutic Use

- Patient has FN and is at high-risk for infection-associated complications
- Pediatric patient is high-risk
- Patient has prognostic factors that predict a poor clinical outcome:
 - Expected prolonged (>10 days) and profound ($<0.1 \times 10^9/L$) neutropenia
 - Patient age >65 years (esp. with poor performance status, consider additional risk factors)
 - Hypotension and multi-organ dysfunction (sepsis syndrome)
 - Patient gets radiotherapy-only (if prolonged delays secondary to neutropenia are expected)
 - Uncontrolled primary disease
 - Pneumonia
 - Invasive fungal infection
 - Hospitalization at time of fever development

Other Clinical Circumstance

- Patient has AML and tx follows completion of consolidation chemotherapy or patient is >55 years old and tx follows initial induction therapy
- Patient has ALL and tx follows the completion of the initial days of chemotherapy of the initial induction or first post-remission course
- Patient has MDS and severe neutropenia with recurrent infection(s)
- To mobilize PBPC (esp. in conjunction with chemotherapy and their administration after autologous, but not allogeneic, PBPC transplant)
- Patient exposed to lethal doses of total body radiotherapy (prompt administration of CSF or pegylated G-CSF)
- Other: _____

PLAN:

Growth Factor	Setting	Dose/basis	Dose	Route	Schedule
G-CSF (filgrastim)	Myelotoxic chemotherapy	Adults: 5 ug/kg/d		Sub Q	Continue until ANC at least $2-3 \times 10^9/L$ — 24-72 hours after administration of myelotoxic chemotherapy
	High-dose therapy and autologous stem cell rescue	Adults: 5 ug/kg/d		Sub Q	Continue until ANC at least $2-3 \times 10^9/L$ — 24-120 hours after administration of high-dose therapy
	PBPC mobilization	Adults: 10 ug/kg/d		Sub Q	Continue until last leukapheresis — Start at least 4 days before first leukapheresis
Pegylated G-CSF (pegfilgrastim)	Myelotoxic chemotherapy	6mg (6mg=0.6mL)		Sub Q	Once in each chemotherapy cycle — 24 hours after completion of chemotherapy
GM-CSF (sargramostim)	Bone marrow transplant or AML	Adults: 250 ug/m ² /d		Sub Q IV Infusion	Continue until ANC $>1.5 \times 10^9/L$ for 3 consecutive days — Day of bone marrow infusion and not less than 24 hours from the last chemotherapy and 12 hours from most recent radiotherapy

Write dose to be given in appropriate box. After it is administered, write in site and your initials.

Cycle #	Day of cycle	Date to be given	Dose to be given	MD Initials	Dose given	Site	RN Initials

Reviewed by _____ on _____

Insurance: _____ Approved by: _____ Date: _____

This flow sheet is derived from recommendations in the 2006 Update of the ASCO White Blood Cell Growth Factors Guidelines. This flow sheet is a practice tool based on ASCO® practice guidelines and is not intended to substitute for the independent professional judgment of the treating physician. Practice guidelines do not account for individual variation among patients. This tool does not purport to suggest any particular course of medical treatment. Use of the practice guidelines and this flow sheet are voluntary. The practice guidelines and additional information are available at <http://www.asco.org/guidelines>. Copyright © 2006 by the American Society of Clinical Oncology. All rights reserved.