

Vancouver Coastal Health
 VA: VGH / UBC / GFS
 VC: BP / Purdy / GPC

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

AML MEC CHEMOTHERAPY – INPATIENT Orders
(MITOXANTRONE, ETOPOSIDE, CYTARABINE) SALVAGE THERAPY FOR REFRACTORY LEUKEMIA

(items with check boxes must be selected to be ordered)

(Page 1 of 3)

Date: _____ Time: _____

☐ Consent signed for chemotherapy

Must be completed prior to ordering chemotherapy: This person of child bearing potential has been assessed for the possibility of pregnancy.

 Prescriber's signature

 Printed name

 College ID

Time
 Processed
 RN/LPN Initials
 Comments

Dosing Calculations

Height: _____ cm

Actual Weight: _____ kg

▪ Document height and weight on Nursing Assessment Form and must be co-signed by 2 nurses

$$BMI(kg/m^2) = \frac{Weight(kg)}{[Height(m)]^2}$$

https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm

BMI = _____ kg/m²

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

BSA = _____ m²

Round all BSA calculations to 2 decimal places

Ideal Body Weight:

Male = 50 + 0.91 (height in cm – 152.4)

Female = 45.5 + 0.91 (height in cm – 152.4)

Ideal Body Weight = _____ kg

Use actual weight or BSA to calculate chemotherapy doses

MONITORING:

Complete signature screening sheet for cytarabine cerebellar toxicity prior to each cytarabine dose

LABORATORY:

Day 12 (date): _____ check serum trough posaconazole level immediately before dose

PREMEDICATIONS:

Give first dose 30 minutes prior to first dose of chemotherapy

ondansetron 8 mg PO BID ***AND***

dexamethasone 8 mg PO daily

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CHEMOTHERAPY:

BCCA Code for PCIS order entry: LKNOS

All intensive chemotherapy orders require 2 prescriber signatures, one of whom must be an attending physician

mitoXANTRONE (8 mg/m², round to nearest 1 mg) _____ mg IV over 15 minutes DAILY for 5 days at 09:00.

From Day 1 (date): _____ to Day 5 (date): _____

etoposide (100 mg/m², round to nearest 5 mg) _____ mg IV over 1 hour DAILY for 5 days at 09:15.

Give immediately after mitoXANTRONE. From Day 1 (date): _____ to Day 5 (date): _____

cytarabine (1000 mg/m², round to nearest 100 mg) _____ mg IV over 1 hour DAILY for 5 days at 10:15.

Give immediately after etoposide. From Day 1 (date): _____ to Day 5 (date): _____

SUPPORTIVE CARE:

dexamethasone 0.1% ophthalmic drops 2 drops in each eye Q6H starting immediately before the first dose of cytarabine and continue until 48 hours after the last dose of cytarabine.

micafungin 100 mg IV DAILY while on chemotherapy.

Start Day 1 (date): _____ to Day 5 (date): _____

posconazole EC tablets 300 mg PO BID on Day 6 (date): _____

then 300 mg PO DAILY starting Day 7 (date): _____

If patient is HSV seropositive give:

☐ valACYclovir 500 mg PO BID *OR* acyclovir _____ mg (5 mg/kg, round to nearest 25 mg, use ideal body weight if patient BMI is 30 kg/m² or greater) IV Q12H.

Start Day 1 (date): _____

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Breakthrough nausea and vomiting anti-emetics:

- ☐ prochlorperazine 10 mg PO Q6H PRN
- ☐ metoclopramide 10 to 20 mg PO/IV Q6H PRN
- ☐ LORazepam 1 mg PO/IV Q6H PRN

Fever orders: as per completed FEBRILE NEUTROPENIA – INPATIENT INITIAL MANAGEMENT (#302) PRE-PRINTED Orders.

NOTES TO PRESCRIBER: (UC/Pharmacy do not process – reminders for prescriber only)

**** Concomitant use of etoposide and azole antifungal (voriconazole or posaconazole) is contraindicated.**

Obtain Pharmacare Special Authority Coverage for posaconazole tablets.

If HbsAg or Anti-HBc positive continue lamivudine 100 mg PO DAILY (complete Special Authority Form). Refer to L/BMT Manual for recommended duration of therapy and frequency of hepatitis B viral DNA level monitoring.