

**Vancouver  
CoastalHealth**  
VA: VGH / UBC / GFS  
VC: BP / Purdy / GPC

**ORDERS**

ADDRESSOGRAPH

**COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS**

**AL 91-02: VP-16 AND CYCLOPHOSPHAMIDE  
SALVAGE THERAPY FOR REFRACTORY ACUTE LEUKEMIA INPATIENT**

(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 woman of child bearing potential has been assessed for the possibility of pregnancy.

\_\_\_\_\_  
Physician's signature\_\_\_\_\_  
Printed name\_\_\_\_\_  
College ID**Dosing Calculations****Height:** \_\_\_\_\_ **cm****Actual Weight:** \_\_\_\_\_ **kg**

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

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

[https://www.nhlbi.nih.gov/health/educational/lose\\_wt/BMI/bmi-m.htm](https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm)
**BMI =** \_\_\_\_\_ **kg/ m<sup>2</sup>**

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

**BSA =** \_\_\_\_\_ **m<sup>2</sup>**

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:**

During etoposide:

Weigh patient twice daily while receiving etoposide (A.M. and 16:00).

If weight increases by greater than 0.5 kg compared to prior to administering etoposide give:

furosemide 40 mg IV.

During hyperhydration:

Measure in/out Q4H while on hyperhydration.

If output less than 400 mL during a 4 hour period give:

furosemide 20 mg IV.

**LABORATORY:** Urine hemastix once daily during cyclophosphamide and once daily until discharge.

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

\_\_\_\_\_  
Prescriber's Signature  
AL91-02C\_\_\_\_\_  
Printed Name  
VCH.VA.PPO.433 | Rev.JUL.2022\_\_\_\_\_  
College IDTime  
Processed  
RN/LPN Initials  
Comments



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**INTRAVENOUS:**

**IV hydration:** sodium chloride 0.9% (NS) at 150 mL/h for 4 hours then decrease to TKVO.  
Give on day 1 (date): \_\_\_\_\_ at 06:00.

**Hyperhydration:**

potassium chloride (KCl) \_\_\_\_\_ mmol/L and magnesium sulphate (MgSO<sub>4</sub>) \_\_\_\_\_ g/L in dextrose 5% -  
sodium chloride 0.45% (D5W<sup>1</sup>/<sub>2</sub>NS) at \_\_\_\_\_ mL/h (3000 mL/ m<sup>2</sup>/day) and continue until 48 hours  
after last dose of cyclophosphamide, then decrease to \_\_\_\_\_ mL/h.  
Start on \_\_\_\_\_ (day 3) at 06:00.

**MEDICATIONS:**

**CHEMOTHERAPY:**

BCCA Code for PCIS order entry: LKNOS

*All intensive chemotherapy and transplant chemotherapy orders require 2 physician signatures, one of whom must be an attending physician.*

Administer via central line only:

Prior to infusion of etoposide, give:  
furosemide 20 mg IV.

etoposide (2.4 g/m<sup>2</sup>, round to the nearest 100 mg) \_\_\_\_\_ g IV diluted in sodium chloride 0.9% (NS) at a  
concentration of 400 mg/L by continuous intravenous infusion over 34 hours.  
Start on day 1 (date): \_\_\_\_\_ at 10:00.

cyclophosphamide (2 g/m<sup>2</sup>, round to the nearest 100 mg) \_\_\_\_\_ g in sodium chloride 0.9% (NS) IV over  
2 hours. Give on:  
day 3 (date): \_\_\_\_\_ day 4 (date): \_\_\_\_\_ and day 5 (date): \_\_\_\_\_ at 10:00.

furosemide 20 mg IV after the completion of each dose of cyclophosphamide

\_\_\_\_\_  
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**SUPPORTIVE CARE:**

micafungin 100 mg IV DAILY while on chemotherapy.

Start day 1 (date): \_\_\_\_\_ to day 5 (date): \_\_\_\_\_

posaconazole 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 or greater) IV Q12H.

Start day 1 (date): \_\_\_\_\_

**Antiemetics:** as per completed ANTIEMETIC PROTOCOL LEUKEMIA/BMT (#412) PRE-PRINTED Orders.

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

NOTES TO PHYSICIAN: (UC/Pharmacy do not process – reminders for Physician only)

- **\*\*Concomitant use of etoposide and azole antifungal (voriconazole or posaconazole) is contraindicated**
- Obtain Pharmacare Special Authority Coverage for posaconazole tablets.

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