

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

**DAUNORUBICIN-CYTARABINE LIPOSOME
SECOND INDUCTION OR CONSOLIDATION CHEMOTHERAPY ORDERS - OUTPATIENT**

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

(Page 1 of 3)

Date: _____ Time: _____

Time Processed
RN/LPN Initials
Comments

- ☐ Consent signed for chemotherapy
- ☐ Supply is approved and provided by VYXEOS Patient Access Program (Patient's Own Medication)

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

Dosing Calculations

Height: _____ cm	Actual Weight: _____ kg
<p>▪ Document height and weight on Nursing Assessment Form and must be co-signed by 2 nurses</p>	
$BMI(kg/m^2) = \frac{Weight(kg)}{[Height(m)]^2}$ <p>https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm</p>	BMI = _____ kg/m ²
$BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}$ <p>Round all BSA calculations to 2 decimal places</p>	BSA = _____ m ²

Use actual weight or BSA to calculate chemotherapy doses

LABORATORY

- On Day 1 and 3 then each visit:
CBC with differential, electrolytes, urea, creatinine
- On Day 1 and 3, then weekly:
GGT, ALT, AST, alkaline phosphatase, LDH, bilirubin (total & direct)
- On Day 1, then weekly:
INR, calcium, phosphate, magnesium, albumin

DIAGNOSTICS:

- ☐ If not in remission after first induction cycle, bone marrow biopsy on count recovery or on Day 28.
- ☐ Consolidation cycle 2, Day 1 for patients with mutated NPM1, t(8 ;21), or inv(16):
- Send peripheral blood sample (20 mL in EDTA) to Cancer Genetics and Genomics Laboratory (CGL) for MRD testing prior to starting chemotherapy. Include CGL Myeloid Requisition with sample.
- Send bone marrow aspirate (5 mL in EDTA) to CGL for morphology and MRD testing prior to starting chemotherapy. Include CGL Myeloid Requisition with sample.

Prescriber's Signature

Printed Name
VCH.VA.PPO. 1212 | MAY.2022

College ID



VA: VGH / UBCH / GFS
VC: BP / Purdy / GPC

ORDERS

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COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

DAUNORUBICIN-CYTARABINE LIPOSOME SECOND INDUCTION OR CONSOLIDATION CHEMOTHERAPY ORDERS - OUTPATIENT

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

(Page 2 of 3)

Date: _____

Time: _____

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PREMEDICATIONS:

Give 30 minutes prior to chemotherapy on Day 1 and 3:

ondansetron 8 mg PO daily ***AND***

dexamethasone 8 mg PO daily

CHEMOTHERAPY:

BCCA Code for PCIS order entry: PATIENT'S OWN (Supply provided by VYXEOS Patient Access Program)

*All intensive chemotherapy orders require 2 prescriber signatures, one of whom must be an attending physician.***NOTES TO PRESCRIBER** (Unit Clerk/Pharmacy do not process – reminders for Prescriber only).

It is recommended that cardiac function be evaluated with an echocardiogram or radionuclide ventriculography (RVG) and electrocardiogram (ECG) prior to starting each cycle.

Prior to proceeding with treatment, it is recommended that CrCl is above 30 mL/min, total bilirubin is below 51 micromol/L, and LVEF is above 50%.

DAUNOrubicin-cytarabine liposome is a fixed dose combination of DAUNOrubicin 44 mg and cytarabine 100 mg per vial. DAUNOrubicin-cytarabine liposome is prescribed based on the DAUNOrubicin component (44 mg/m²) and will deliver cytarabine 100 mg/m² in combination. DAUNOrubicin-cytarabine liposome has a different posology than DAUNOrubicin injection and cytarabine injection and must not be interchanged with other DAUNOrubicin and/or cytarabine containing products.

☐ **SECOND INDUCTION:**

DAUNOrubicin-cytarabine liposome (44 mg/m² DAUNOrubicin component, round to the nearest 2.2 mg)
_____ mg in dextrose 5% (D5W) 500 mL IV over 90 minutes daily on Days 1 and 3.

Give on Day 1 (date): _____, Day 3 (date): _____.

OR☐ **CONSOLIDATION** (indicate cycle): ☐ Cycle 1 ☐ Cycle 2

DAUNOrubicin-cytarabine liposome (29 mg/m² DAUNOrubicin component, round to the nearest 2.2 mg)
_____ mg in dextrose 5% (D5W) 500 mL IV over 90 minutes daily on Days 1 and 3.

Give on Day 1 (date): _____, Day 3 (date): _____.

Confirm each dose with prescriber prior to administration.

Administer through a central line using an infusion pump.

Do not use an in-line filter. Flush line after use.

Prescriber's Signature

Printed Name
VCH.VA.PPO. 1212 | MAY.2022

College ID

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

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SECOND INDUCTION OR CONSOLIDATION CHEMOTHERAPY ORDERS - OUTPATIENT**

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SUPPORTIVE CARE:**Breakthrough nausea and vomiting anti-emetics (while in Daycare):**

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

Support Medications (provide outpatient prescriptions for the following):

chlorhexidine 0.12% oral rinse 15 mL swish & spit BID (500 mL)

ciprofloxacin 500 mg PO BID x 21 days, starting when ANC less than $0.5 \times 10^9/L$ fluconazole 400 mg PO daily x 21 days, starting when ANC less than $0.5 \times 10^9/L$

If patient is HSV seropositive give:

- ☐ valACYclovir 500 mg PO BID x 21 days, starting when ANC less than $0.5 \times 10^9/L$

For breakthrough nausea & vomiting, give ☐ metoclopramide 20 mg PO Q4 to 6H PRN x 20 doses***OR***

- ☐ prochlorperazine 10 mg PO Q4 to 6H PRN x 20 doses

Fever orders: as per completed FEBRILE NEUTROPENIA – OUTPATIENT INITIAL MANAGEMENT (#310) PRE-PRINTED ORDER.

Prescriber's Signature _____

Printed Name _____

VCH.VA.PPO. 1212 | MAY.2022

College ID _____