Vancouver Coastal Health



VA: VGH / UBCH / GFS VC: BP / Purdy / GPC				
,	ADDRESSOGRAPH			
COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS				
AML INTERMEDIATE DOSE CYTARAE (items with check boxes must b	•	RDERS (Page 1 of 2)		
·		Time Processed		
		RN/LPN Initials Comments		
Consent signed for chemotherapy				
Must be completed prior to ordering chemotherapy: This pers assessed for the possibility of pregnancy.	son of child bearing potential has been			
Prescriber's signature Printed name	College ID			
Dosing Calculations				
Height: cm	Actual Weight: kg			
 Document height and weight on Nursing Assessment For 	rm and must be co-signed by 2 nurses			
$BMI(kg/m^{2}) = \frac{Weight(kg)}{[Height(m)]^{2}}$				
	BMI = kg/ m²			
https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm	<u>n</u>			
$BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}$	BSA = m²			
	B3A = III-			
Round all BSA calculations to 2 decimal places Use actual weight or BSA to calculate ch	hemotherany doses			
·	nemonicrapy doses			
DIAGNOSTICS:				
☐ Induction: Send peripheral blood (20 mL in EDTA) to Cancer Genetics an	and Connection (CCL) for PNA extraction			
for baseline MRD testing prior to starting chemotherapy. In	nclude CGL Myeloid Requisition with sample.			
Consolidation cycle 2, Day 1 for patients with mutated NPM1, t(8 ;21), or inv(16):				
Send peripheral blood (20 mL in EDTA) to 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.				
☐ If remission not yet achieved: Bone marrow biopsy on count recov	· ·			
☐ Diagnostic lumbar puncture (if not done already) on count recovery INTRATHECAL CHEMOTHERAPY ORDERS (#819) PRE-				
MONITORING: Complete signature screening sheet for cytarabine cereb	pellar toxicity prior to each dose of cytarabine			
PREMEDICATIONS:				
Give first dose 30 minutes prior to first dose of chemotherapy	,			
ondansetron 8 mg PO BID *AND*				
dexamethasone 8 mg PO daily				
Prescriber's Signature Printed Name RAMLIDARAC VCH.VA.PPO.151 Rev	College ID			

IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 604-875-4077 IMMEDIATELY



•		ADDRESSOGRAPH	
COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS			
AML INTERMEDIATE DOSE CYTARABINE (INDAC) – INPATIENT ORDERS			
(iter	ms with check boxes must b	pe selected to be ordered)	(Page 2 of 2)
Date:	Time:		Time Processed RN/LPN Initials Comments
CHEMOTHERAPY:			
BCCA Code for PCIS order entry: LKNOS			
All intensive chemotherapy orders require 2 prescriber signatures, one of whom must be an attending physician.			
Indicate cycle: Induction Salvag	e Consolidation # 1	☐ Consolidation #2 ☐ Consolidation #3	
cytarabine (1000 mg/m², rounded to the Start Day 1 (date):	=:	mg IV over 2 hours DAILY for 5 days.	
SUPPORTIVE CARE:			
dexamethasone 0.1% ophthalmic drop cytarabine and continue until 48 h		6H starting immediately before the first dose of cytarabine.	
micafungin 100 mg IV daily. Start Day	1 (date):		
If patient is HSV seropositive give:			
☐ valACYclovir 500 mg PO BID			
Start Day 6 (date):			
Breakthrough nausea and vomiting ar	nti-emetics:		
prochlorperazine 10 mg F	O Q6H PRN		
metoclopramide 10 to 20	mg PO/IV Q6H PRN		
☐ LORazepam 1 mg PO/IV	Q6H PRN		
Fever orders: as per completed INITIAL F (#302) PRE-PRINTED ORD		OR INFECTION MANAGEMENT – INPATIENT	
NOTES TO PRESCRIBER: (UC/Pharmacy • For Salvage chemotherapy, change mid 6, and obtain PharmaCare Special Au • For Consolidation chemotherapy, may use • If HbsAg or Anti-HBc positive start lamiVU recommended duration of lamiVUDine	cafungin to posaconazolo thority coverage. e fluconazole as fungal pro Dine (complete Special Au	phylactic agent. withority Form). Refer to L/BMT Manual for	
Prescriber's Signature RAMLIDARAC	Printed Name VCH.VA.PPO.151 Rev	College ID	