

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS
**LYMPHOBLASTIC LYMPHOMA (NHL 98-01)
 CHEMOTHERAPY ORDERS - INPATIENT**

(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**
Must be completed prior to ordering chemotherapy: This woman 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

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
BMI = _____ kg/m²

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

BSA = _____ m²

Round all BSA calculations to 2 decimal places

Use actual weight or BSA to calculate chemotherapy doses**MONITORING:**

During hyperhydration: Measure in/out Q4H while on hyperhydration. See Supportive Care.

 Vital signs prior to pegaspargase infusion, then during and after pegaspargase infusion as clinically indicated;
 observe for 1 hour after the end of the infusion.
LABORATORY:

Urine hemastix once daily during cyclophosphamide and continue once daily until discharge

Blood glucose daily x 5 days then on Mondays and Thursdays

Fibrinogen levels weekly

 INR, PTT, fibrinogen, amylase, lipase, bilirubin (total and direct), ALT, AST and fasting triglyceride prior to
 pegaspargase (Day 15)

Fasting triglyceride level 7 days after pegaspargase (Day 22)

Serum bilirubin (total and direct) on days of vinCRISTine and DOXOrubicin (Day 1, 2, 3, 8, 15, 22)

INTRAVENOUS:**Hyperhydration:**
 dextrose 5%-sodium chloride 0.45% (D5-½NS) 1000 mL IV at _____ mL/hr (3000 mL/m²/day) and continue
 until 48 hours after last dose of cyclophosphamide then decrease to _____ mL/hr.

Start on Day 1 (date): _____ at 06:00.

 Prescriber's Signature
 NHL 98-01

 Printed Name
 VCH.VA.PPO.377 I Rev. MAR.2021

College ID _____

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

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MEDICATIONS:

PREMEDICATIONS:

acetaminophen 650 mg PO x 1 dose 30 minutes prior to pegaspargase
 diphenhydramine ☐ 25 mg PO ***OR*** ☐ 50 mg PO x 1 dose 30 minutes prior to pegaspargase
 hydrocortisone 100 mg IV x 1 dose 30 minutes prior to pegaspargase

CHEMOTHERAPY:

BCCA Code for PCIS order entry: LYNOS

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

DOXOrubicin (30 mg/m², rounded to the nearest 5 mg) _____ mg in dextrose 5% (D5W) 50 mL IV over 10 to 20 minutes daily for 3 days.

Give on Day 1 (date): _____ Day 2 (date): _____, and Day 3 (date): _____ at 12:00.

cyclophosphamide (1000 mg/m², rounded to the nearest 100 mg) _____ mg in sodium chloride 0.9% (NS) IV over 2 hours daily for 2 days.

Give on Day 1 (date): _____, and Day 2 (date): _____ at 10:00.

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

vinCRISTine (1.4 mg/m² rounded to the nearest 0.1 mg to a maximum of 2 mg) _____ mg in dextrose 5% (D5W) IV over 15 to 30 minutes daily on Days 1, 8, 15 and 22.

Give on: Day 1 (date): _____ Day 8 (date): _____

Day 15 (date): _____ Day 22 (date): _____

Confirm each vinCRISTine dose with prescriber prior to administration.

Concomitant use of vinCRISTine and voriconazole or posaconazole or other azole antifungal agents EXCEPT fluconazole is contraindicated.

predniSONE (40 mg/m², round to the nearest 5 mg) _____ mg PO daily on Days 1 to 21.

Start on Day 1 (date): _____ and stop after last dose on Day 21 (date): _____
 then prescriber to order taper over 7 days.

☐ pegaspargase * (ONCASPAR) (2000 units/m² rounded to the nearest 75 units to a maximum of 3750 units) _____ units in sodium chloride 0.9% (NS) 100 mL IV over 1 to 2 hours on Day 15 (date): _____

Confirm pegaspargase dose with prescriber prior to administration.

** pegaspargase to be omitted in patients greater than 50 years of age.*

**Vancouver
CoastalHealth**
VA: VGH / UBC / GFS
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MEDICATIONS CONTINUED:

SUPPORTIVE CARE:

furosemide 20 mg IV x 1 dose PRN if output less than 400 mL in a 4 hour period during hyperhydration period for cyclophosphamide.

ranitidine 150 mg PO BID

cotrimoxazole DS 800 mg-160 mg 1 TAB PO BID Q Monday and Q Thursday

fluconazole 400 mg PO daily; start on Day 1 (date): _____

If patient is HSV seropositive give:

☐ valACYclovir 500 mg PO BID; start Day 4 (date): _____

Have the following available on unit for pegaspargase infusion:

diphenhydramine 50 mg IV Q4H PRN hypersensitivity reaction

epinephrine 1 mg/mL solution 0.5 mg (0.5 mL) IM (preferred route if platelet count above 50×10^9 /L)

OR SUBCUTANEOUS Q5 to 15 MIN PRN anaphylaxis or hypotension

hydrocortisone 100 mg IV Q6H PRN hypersensitivity reaction

salbutamol 5 mg nebule for inhalation by nebulizer Q2 to 4H PRN dyspnea

Antiemetics: as per completed ANTIEMETIC REGIMEN-LEUKEMIA/BMT (#412) PRE-PRINTED ORDERS.

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

NOTES TO PRESCRIBER: (Unit Clerk/Pharmacy do not process – reminders to prescriber only)

DOXOrubicin and VinCRISTine to be administered through a central line.

Dose Modifications for VinCRISTine: Dose may be delayed and/or reduced for peripheral neuropathy, ileus, SIADH, hyperbilirubinemia, or life-threatening illness, but should be resumed at full dose as soon as possible. If direct bilirubin below 23.9 micromol/L, give full dose; If direct bilirubin 23.9 micromol/L or higher but less than 51.3 micromol/L, give 50% of vinCRISTine; If direct bilirubin 51.3 micromol/L or higher, hold vinCRISTine.

Dose Modifications for DOXOrubicin: Direct bilirubin must be 23.9 micromol/L or lower before DOXOrubicin is given.

PJP prophylaxis is required until the completion of all treatment

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