

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

AML 7 PLUS 3 ORDERS (7+3 IND) - INPATIENT

Induction chemotherapy for all ages

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

(Page 1 of 2)

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

DIAGNOSTICS:

Send peripheral blood sample (20 mL in EDTA) to the Cancer Genetics and Genomics Laboratory (CGL) for RNA extraction for baseline MRD testing prior to starting chemotherapy.

Bone marrow biopsy on count recovery or on Day 28.

Diagnostic lumbar puncture on count recovery and instil cytarabine (complete INTRATHECAL CHEMOTHERAPY ORDERS (#819) PRE-PRINTED ORDER.

PREMEDICATIONS: Give first dose 30 minutes prior to first dose of chemotherapy

On the days of DAUNOrubicin, give:

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

dexamethasone 8 mg PO daily

On the days of cytarabine only (without DAUNOrubicin), give:

ondansetron 8 mg PO daily

Prescriber's Signature
AML73IND

Printed Name
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College ID



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

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BCCA Code for PCIS order entry: LKNOS

*All intensive chemotherapy and transplant 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).

Check cardiac function with echocardiogram (ECG) and radionuclide ventriculography (RVG) or ECG prior to starting induction. Consider alternative induction regimen when ejection fraction is less than 45%.

cytarabine (100 mg/m², round to the nearest 5 mg) _____ mg in dextrose 5% 500 mL IV. Infuse over 24 hours. Repeat daily for a total of 7 days.

Start on day 1 (date): _____ to day 7 (date): _____

DAUNOrubicin (60 mg/m², round to the nearest 5 mg) _____ mg in dextrose 5% IV over 30 minutes once daily for 3 days. Administer through central line.

Start day 1 (date): _____ to day 3 (date): _____

SUPPORTIVE CARE:

micafungin 100 mg IV daily. Start day 1 (date): _____

If patient is HSV seropositive give:

☐ valACYclovir 500 mg PO BID.

Start day 8 (date): _____

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 INITIAL FEBRILE NEUTROPENIA OR INFECTION MANAGEMENT – INPATIENT (#302) PRE-PRINTED ORDERS.

Prescriber's Signature
AML73IND

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