

**ORDERS**

ADDRESSOGRAPH

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

**ACUTE LYMPHOBLASTIC LEUKEMIA (ALL 89-1)**  
**Phase II Induction Chemotherapy Orders (Patients 40 years and above) - Outpatient**

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

(Page 1 of 3)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

☐ General consent signed for chemotherapy

Time  
Processed  
RN/LPN Initials  
Comments

**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**

<b>Height:</b> _____ <b>cm</b>	<b>Actual Weight:</b> _____ <b>kg</b>
▪ Document height and weight on Nursing Assessment Form and must be co-signed by 2 RNs	
$BMI(kg/m^2) = \frac{Weight(kg)}{[Height(m)]^2}$ <a href="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</a>	<b>BMI =</b> _____ <b>kg/ m<sup>2</sup></b>
$BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}$	<b>BSA =</b> _____ <b>m<sup>2</sup></b>
Round all BSA calculations to 2 decimal places	

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

**Starting Criteria:** Phase II Induction to start on day 29 following Phase I Induction  
\*AND\* when ANC greater than  $1 \times 10^9/L$

**Note:** Ph+ patients should instead proceed to ALL 20-01 Consolidation

**MONITORING:** Vital signs with each visit  
Weight once weekly  
If temperature greater than 38 degrees C, notify Hematology Associate/Fellow for initiation of antibiotics

**LABORATORY:** On each visit:  
CBC with differential, electrolytes, urea, creatinine  
On day 1, 3, 8, 10, 15, 17, 22, 24, 28, then weekly:  
GGT, ALT, AST, alkaline phosphatase, LDH, bilirubin (total & direct), random glucose  
On day 1, then weekly:  
INR, calcium, phosphate, magnesium, albumin

**DIAGNOSTICS:** Bone marrow biopsy for MRD assessment at count recovery prior to starting ALL 89-1 Consolidation I

**TREATMENTS:**  
☐ For patients aged 40 to 50 years with standard risk ALL not planned for allogeneic HSCT:  
Cranial Radiation 1800 cGy delivered as 200 cGy daily fractions for 9 days (start around day 28)  
Prescriber to complete Consult for Cranial Radiation Therapy for Protocol ALL 89-1 and fax to BC Cancer. \_\_\_\_\_ (initial when complete)

\_\_\_\_\_  
Prescriber's Signature  
ALL89-1-2

\_\_\_\_\_  
Printed Name  
VCH.VA.PPO.12 | Rev.AUG.2021

\_\_\_\_\_  
College ID



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

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**PREMEDICATIONS:**

ondansetron 8 mg PO/IV 30 minutes before cyclophosphamide  
prochlorperazine 10 mg PO 15 to 30 minutes before cytarabine (except on cyclophosphamide days)

**CHEMOTHERAPY:**

BCCA Code for PCIS order entry: LKNOS

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

cyclophosphamide (650 mg/m<sup>2</sup> rounded to the nearest 100 mg) \_\_\_\_\_ mg in sodium chloride 0.9% (NS) IV over 30 minutes. Give on:

Day 1 (date): \_\_\_\_\_  
Day 15 (date): \_\_\_\_\_  
Day 28 (date): \_\_\_\_\_ (omit day 28 cyclophosphamide if patient 60 years or greater)

cytarabine (75 mg/m<sup>2</sup> rounded to the nearest 5 mg) \_\_\_\_\_ mg in dextrose 5% (D5W) 50 mL IV over 30 minutes daily for 4 consecutive days each week for a total of 16 doses. Give on:

Day 1 through 4 (dates): \_\_\_\_\_ and  
Day 8 through 11 (dates): \_\_\_\_\_ and  
Day 15 through 18 (dates): \_\_\_\_\_ and  
Day 22 through 25 (dates): \_\_\_\_\_

methotrexate intrathecal injection on Day 1, 8, 15, 22 as per completed INTRATHECAL CHEMOTHERAPY (# 819) PRE-PRINTED orders. Ensure platelets equal to or above 50 x 10<sup>9</sup>/L, PTT should be normal and INR less than or equal to 1.3.

**Provide prescription for the following to be picked up from BC Cancer Outpatient Pharmacy:**

☐ mercaptopurine (60 mg/m<sup>2</sup> rounded to the nearest 25 mg = 0.5 TAB) \_\_\_\_\_ mg PO daily for 28 days.  
Start on Day 1 (date): \_\_\_\_\_. Stop after the dose on day 28 (date): \_\_\_\_\_.  
(Omit mercaptopurine for patients planned for allogeneic HSCT in CR1)

leucovorin 5 mg PO daily for 3 days after each dose of intrathecal methotrexate. Give on:

Day 2 through 4 (dates): \_\_\_\_\_ and  
Day 9 through 11 (dates): \_\_\_\_\_ and  
Day 16 through 18 (dates): \_\_\_\_\_ and  
Day 23 through 25 (dates): \_\_\_\_\_

Time  
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Prescriber's Signature  
ALL89-1-2

Printed Name  
VCH.VA.PPO.12 | Rev.AUG.2021

College ID

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

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**SUPPORT MEDICATIONS:**

metoclopramide 30 mg PO/IV Q6H PRN for breakthrough nausea

prochlorperazine 10 mg PO Q6H PRN for breakthrough nausea

**Provide prescriptions for the following:**

ciprofloxacin 500 mg PO BID x 14 days. Start when ANC less than  $0.5 \times 10^9/L$

fluconazole 400 mg PO daily x 14 days, starting when ANC less than  $0.5 \times 10^9/L$

chlorhexidine 0.12% 15 mL swish & spit BID x 500 mL

If HSV seropositive:

☐ valACYclovir 500 mg PO BID x 14 days. Start when ANC less than  $0.5 \times 10^9/L$

☐ prochlorperazine 10 mg PO Q6H PRN nausea (20 tabs). [Omit if patient has supply].

**RETURN APPOINTMENTS:**

Book appointments for chemotherapy administration

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

**NOTES TO PRESCRIBER:** (Unit Clerk/Pharmacy do not process – reminders for Prescriber only)

Standard risk ALL patients aged 40 to 50 years not planned for allogeneic HSCT are to receive cranial radiotherapy during this cycle starting around day 28. Cranial irradiation should not be given concurrently with IT chemotherapy.

Bone marrow biopsy for MRD assessment should be performed prior to commencing ALL 89-1 Consolidation I.

PJP prophylaxis is required until the end of consolidation treatment.

For hepatitis B prophylaxis, continue lamiVUDine during chemotherapy and refer to L/BMT Manual for recommended duration of therapy and frequency of HBV DNA level monitoring.