



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

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

ACUTE LYMPHOBLASTIC LEUKEMIA (ALL 89-1)

Phase I Induction Chemotherapy Orders (Patients 40 years and above) - Inpatient

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

(Page 1 of 3)

Date: _____

Time: _____

Time Processed
RN/LPN Initials
Comments

☐ General 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	
$BMI(kg/m^2) = \frac{Weight(kg)}{[Height(m)]^2}$ <p>https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm</p>	BMI = _____ kg/ m ²
$BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}$	BSA = _____ m ²
Round all BSA calculations to 2 decimal places	

Use actual weight or BSA to calculate chemotherapy doses

MONITORING:

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:

On Day 1, 8, 15, 22 (vincristine dates): bilirubin (total and direct)

On Day 17 and 24 if receiving pegaspargase: fasting triglycerides and glucose

Q Monday and Thursday: GGT, ALP, AST, ALT, bilirubin, amylase, INR, PTT, fibrinogen, random glucose

For all new ALL diagnoses, prescriber to send peripheral blood samples to Cancer Genetics Laboratory with the appropriate requisition for BCR-ABL1 RT-PCR baseline MRD assessment, with diagnosis as "query Ph+ ALL"

Prescriber's Signature
ALL89-1-1

Printed Name
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PREMEDICATIONS:

acetaminophen 650 mg PO x 1 dose 30 minutes prior to pegaspargase

diphenhydramine ☐ 25 mg PO x 1 dose *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: LKNOS

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

DAUNOrubicin
(check one)

DAUNOrubicin Dose	Ejection Fraction
<input type="checkbox"/> 60 mg/m ²	50% or greater
<input type="checkbox"/> 45 mg/m ²	40 to 49%
<input type="checkbox"/> 30 mg/m ²	35 to 39% or Ph positive patient
<input type="checkbox"/> hold dose	less than 35%

(rounded to the nearest 5 mg) _____ mg in dextrose 5% (D5W) IV over 30 minutes daily for 3 days.

Give on: Day 1 (date): _____

Day 2 (date): _____

Day 3 (date): _____

vinCRISTine (1.4 mg/m² rounded to the nearest 0.1 mg to a maximum of 2 mg) _____ mg in dextrose 5% (D5W)
50 mL 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 (30 mg/m² rounded to the nearest 5 mg) _____ mg PO BID for 21 to 28 days:☐ Patients 40 to 54 years: Day 1 (date): _____ to Day 28 (date): _____☐ Patients 55 years or older: Day 1 (date): _____ to Day 21 (date): _____

then prescriber to order taper over 10 to 14 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 17 (date): _____*Confirm pegaspargase dose with prescriber prior to administration.*** Omit pegaspargase in patients with Ph positive ALL, aged 55 years and above, or planned for SCT*

Prescriber's Signature
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**Vancouver
Coastal Health**
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MEDICATIONS CONTINUED:

SUPPORTIVE CARE:

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 on 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 $50 \times 10^9/L$) *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 for prescriber only)

DAUNOrubicin 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.

Prescriber to perform diagnostic lumbar puncture after blast cells cleared from peripheral blood. Ensure platelets $50 \times 10^9/L$ or higher. Prescriber to specify date.

PJP prophylaxis is required until the end of consolidation 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 HBV DNA level monitoring.

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