

**ORDERS**

ADDRESSOGRAPH

**COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS**
**AML MEC CHEMOTHERAPY – OUTPATIENT Orders**  
**(MITOXANTRONE, ETOPOSIDE, CYTARABINE) SALVAGE THERAPY FOR REFRACTORY LEUKEMIA**

(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 person of child bearing potential has been assessed for the possibility of pregnancy.

\_\_\_\_\_  
Prescriber's signature\_\_\_\_\_  
Printed name\_\_\_\_\_  
College ID**Chemotherapy Dosing Calculations**

Height: \_\_\_\_\_ cm

Actual Weight: \_\_\_\_\_ kg

▪ Document height and weight on Nursing Assessment Form and must be co-signed by 2 nurses

$$BMI(kg / m^2) = \frac{Weight(kg)}{[Height(m)]^2} \quad \text{OR}$$

[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)
BMI = \_\_\_\_\_ kg/ m<sup>2</sup>

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

BSA = \_\_\_\_\_ m<sup>2</sup>

Round all BSA calculations to 2 decimal places

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

**MONITORING:** Vital signs with each visit  
 Weight once weekly  
 If temperature greater than 38°C, notify Hematology Associate/Fellow for initiation of antibiotics  
 Complete signature screening sheet for cytarabine cerebellar toxicity prior to each cytarabine dose

**SUPPORTIVE CARE:** No enemas, suppositories, IM injections  
 No ASA or non-steroidal anti-inflammatory drugs (NSAIDs)

**LABORATORY:** On each visit:  
                   CBC with differential, electrolytes, urea, creatinine  
 On day 1, 3, 5, then weekly:  
                   GGT, ALT, AST, alkaline phosphatase, LDH, bilirubin (total & direct)  
 On day 1, then weekly:  
                   INR, calcium, magnesium, albumin  
 On day 1 to 3:  
                   uric acid, calcium, phosphate

\_\_\_\_\_  
Prescriber's Signature\_\_\_\_\_  
Printed Name

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\_\_\_\_\_  
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**PREMEDICATIONS:**ondansetron 8 mg PO 30 minutes prior to the first dose of chemotherapy on Day 1 to 5 **\*AND\***

dexamethasone 8 mg PO 30 minutes prior to the first dose of chemotherapy on Day 1 to 5

**INTRAVENOUS:**

sodium chloride 0.9% 1000 mL IV over 1 to 2 hours starting 30 minutes prior to the first dose of chemotherapy on Day 1 to 5

**CHEMOTHERAPY:**

BCCA Code for PCIS order entry: LKNOS

*All intensive chemotherapy orders require 2 prescriber signatures, one of whom must be an attending physician*mitoXANtrone (8 mg/m<sup>2</sup>, rounded to nearest 1 mg) \_\_\_\_\_ mg IV over 15 minutes daily for 5 days.

From Day 1 (date): \_\_\_\_\_ to Day 5 (date): \_\_\_\_\_

etoposide (100 mg/m<sup>2</sup>, rounded to nearest 5 mg) \_\_\_\_\_ mg IV over 1 hour daily for 5 days.

Give immediately after mitoXANtrone. From Day 1 (date): \_\_\_\_\_ to Day 5 (date): \_\_\_\_\_

cytarabine (1000 mg/m<sup>2</sup>, rounded to nearest 100 mg) \_\_\_\_\_ mg IV over 1 hour daily for 5 days.

Give immediately after etoposide. From Day 1 (date): \_\_\_\_\_ to Day 5 (date): \_\_\_\_\_

**SUPPORT MEDICATIONS:****Patient to take own supply: Nurse to confirm:** \_\_\_\_\_

dexamethasone 0.1% ophthalmic drops 2 drops in each eye Q6H starting immediately before the first dose of cytarabine and continue until 48 hours after the last dose of cytarabine.

- Antiemetics:** ☐ prochlorperazine 10 mg PO Q6H PRN breakthrough nausea and vomiting  
☐ metoclopramide 10 to 20 mg PO/IV Q6H PRN breakthrough nausea and vomiting  
☐ LORazepam 1 mg PO/IV Q6H PRN breakthrough nausea and vomiting

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

Book appointments for chemotherapy administration

Book first appointment after completion of chemotherapy on (date): \_\_\_\_\_

\_\_\_\_\_  
Prescriber's Signature\_\_\_\_\_  
Printed Name  
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Provide prescription for the following, if applicable:

☐ allopurinol 300 mg PO DAILY x 10 days

For all patients, provide prescriptions for:

**Eye care:** dexamethasone 0.1% ophthalmic drops – 2 drops in each eye Q6H starting immediately before first dose of cytarabine and continue until 48 hours after last dose of cytarabine (10 mL)

**Mouth care:** chlorhexidine 0.12% oral rinse, 15 mL swish & spit BID (500 mL)

**Antiviral:** If HSV seropositive: ☐ valACYclovir 500 mg PO BID, starting when ANC below  $0.5 \times 10^9/L$ 
**Antifungal:** fluCONazole 400 mg PO daily x 21 days, starting when ANC below  $0.5 \times 10^9/L$ 
**Antibiotic:** ciprofloxacin 500 mg PO BID x 21 days, starting when ANC below  $0.5 \times 10^9/L$ 
**\*PLUS\***☐ penicillin V 300 mg PO QID x 21 days, starting when ANC below  $0.5 \times 10^9/L$ **\*OR\***☐ amoxicillin-clavulanate 875-125 mg PO BID x 21 days, starting when ANC below  $0.5 \times 10^9/L$ 
**Breakthrough nausea & vomiting:** ☐ metoclopramide 20 mg PO Q4 to 6H PRN x 20 doses
**\*OR\***☐ prochlorperazine 10 mg PO Q4 to 6H PRN x 20 doses**NOTES TO PRESCRIBER:**

- Patients with a history of invasive pulmonary aspergillosis or with prolonged neutropenia due to chemotherapy prior to initiation of MEC chemotherapy should receive prophylaxis with posaconazole (complete Special Authority Form). Start on day 6. Patients who are being treated for invasive pulmonary aspergillosis should continue antifungal therapy throughout chemotherapy.
- If HbsAg or Anti-HBc positive continue lamiVUDine 100 mg PO DAILY (complete Special Authority Form). Refer to L/BMT Manual for recommended duration of therapy and frequency of hepatitis B viral DNA level monitoring.

Prescriber's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

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