

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

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

MIDOSTAURIN ORDERS FOR FLT3+ AML

In combination with standard AML induction or consolidation chemotherapy

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

(Page 1 of 1)

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

MONITORING:

ECG on Day 8 (date): _____, Day 10 (date): _____ and Day 21 (date): _____ of each cycle.

For outpatients, see Notes to Prescriber section.

CHEMOTHERAPY:

BCCA Code for PCIS order entry: LKAMLMIDO

Indicate cycle: ☐ induction 1

☐ induction 2

☐ consolidation 1

☐ consolidation 2

☐ consolidation 3

Indicate start date of chemotherapy cycle: Day 1 (date) : _____

midostaurin 50 mg PO BID for 14 days from day 8 to 21 of each cycle. Take with food.

For outpatients, see Notes to Prescriber section.

Start Day 8 (date): _____ to Day 21 (date): _____.

NOTES TO PRESCRIBER: (UC/Pharmacy do not process – reminders for prescriber only)

Consider pre-medication with antiemetic prior to each midostaurin dose.

Refer to BC Cancer Protocol for dose modifications for Grade 3/4 pulmonary infiltrates, QT prolongation, and other Grade 3/4 non-hematological toxicities.

For outpatients: (initial once completed)

ECGs may be done on the day prior to scheduled dates if needed (to coincide with Daycare visits).

Prescriber to provide outpatient ECG requisitions. _____ (initials)

Prescriber to provide prescription to fill at BC Cancer Outpatient Pharmacy. _____ (initials)