



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

ADDRESSOGRAPH

## COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

**ACUTE LYMPHOBLASTIC LEUKEMIA (ALL 20-01)**  
**MAINTENANCE PHASE CHEMOTHERAPY ORDERS (Outpatient)**  
**vinCRiStine and predniSONE plus tyrosine kinase inhibitor for Ph+ ALL**  
 (items with check boxes must be selected to be ordered)

(Page 1 of 2)

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

☐ Consent signed for chemotherapy

**Must be completed prior to ordering chemotherapy:** This woman of childbearing potential has been assessed for the possibility of pregnancy.

Prescriber's signature \_\_\_\_\_

Printed name \_\_\_\_\_

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

Time Processed  
RN/LPN Initials  
Comments

**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

CYCLE NUMBER (1 to 11): \_\_\_\_\_ (Cycle length: 28 days)

LABORATORY: Day 1 of each cycle:

CBC with differential, electrolytes, urea, creatinine, GGT, ALT, AST, alkaline phosphatase, LDH, bilirubin (total & direct), serum hCG (for women of childbearing potential)

☐ Day 1 of Cycles 1, 4, 7, and 10: fasting lipid profile, fasting glucose, HbA1c☐ Day 1 of Cycle 1, 4, 7, and 10: Peripheral blood assessment of BCR-ABL1 RT-PCR**MEDICATIONS:**

BCCA Code for PCIS order entry: LKNOS

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

**Chemotherapy:**vinCRiStine (1.4 mg/m<sup>2</sup> 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 on Day 1 (date): \_\_\_\_\_.

☐ vinCRiStine dose modification: \_\_\_\_\_ % = \_\_\_\_\_ mg

Confirm each vinCRiStine dose with prescriber prior to administration.

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

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

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

VCH.VA.PPO.1204 | FEB.2022



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**ACUTE LYMPHOBLASTIC LEUKEMIA (ALL 20-01)  
MAINTENANCE PHASE CHEMOTHERAPY (Outpatient)  
vinCRISTine and predniSONE plus tyrosine kinase inhibitor for Ph+ ALL**

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

☐ For patients less than 60 years old  
predniSONE 200 mg PO daily with food on Days 1 to 5 (dates): \_\_\_\_\_

**\*OR\***

☐ For patients 60 to 69 years old  
predniSONE 100 mg PO daily with food on Days 1 to 5 (dates): \_\_\_\_\_

**\*OR\***

☐ For patients 70 years old and greater  
predniSONE 50 mg PO daily with food on Days 1 to 5 (dates): \_\_\_\_\_

Continue iMAtinib or alternative tyrosine kinase inhibitor:

☐ iMAtinib \_\_\_\_\_ mg PO daily

**\*OR\***

☐ alternative tyrosine kinase inhibitor: \_\_\_\_\_

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

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

vinCRISTine: To be administered through a central line. Concomitant use of vinCRISTine and voriconazole or posaconazole or other azole antifungal agents EXCEPT fluconazole is contraindicated.

Dose modifications for vinCRISTine: Dose may be delayed and/or reduced for ileus, hyperbilirubinemia, SIADH, or life-threatening illness, but should be resumed at full dose as soon as possible.

If direct bilirubin is less than 23.9 micromol/L, give full dose

If direct bilirubin is more than or equal 23.9 micromol/L and less than 51.3 micromol/L, give 50% of vinCRISTine

If direct bilirubin is more than or equal 51.3 micromol/L, hold vinCRISTine.

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.

PJP prophylaxis is required until the end of chemotherapy treatment.

Consider pre-medication with antiemetic prior to each tyrosine kinase inhibitor dose.

In the absence of CNS involvement, patients should receive a total of 12 intrathecal chemotherapy treatments.

Consider referral to Diabetes Nurse Educator or Endocrinology for capillary blood glucose monitoring and management for patients at risk for or exhibiting corticosteroid-induced hyperglycemia

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

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

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