

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

ACUTE LYMPHOBLASTIC LEUKEMIA (ALL 20-01)

CONSOLIDATION PHASE CHEMOTHERAPY ORDERS – EVEN CYCLES (Outpatient)

cytarabine plus tyrosine kinase inhibitor for Ph+ ALL

(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 childbearing potential has been assessed for the possibility of pregnancy.

Prescriber's signature

Printed name

College ID

Dosing Calculations

Height: _____ cm	Actual Weight: _____ kg
<input type="checkbox"/> Document height and weight on Nursing Assessment Form and must be co-signed by 2 nurses	
$BMI(kg/m^2) = \frac{Weight(kg)}{[Height(m)]^2}$ https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm	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

CYCLE NUMBER (2, 4 or 6): _____ (Cycle length: 28 days)

MONITORING: Complete signature screening sheet for cytarabine cerebellar toxicity prior to each cytarabine dose

LABORATORY:

Day 1, 3, 5, then each visit:

CBC with differential, electrolytes, urea, creatinine

Day 1, 3, 5, then weekly:

GGT, ALT, AST, alkaline phosphatase, LDH, bilirubin (total & direct)

Day 1 then weekly:

INR, calcium, magnesium, albumin

☐ Day 1 of Cycle 4 only: Peripheral blood assessment of BCR-ABL1 RT-PCR

PREMEDICATIONS:

ondansetron 8 mg PO 30 minutes prior to each cytarabine dose on Day 1, 3, 5

dexamethasone 8 mg PO 30 minutes prior to first cytarabine dose on Day 1, 3, 5

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BCCA Code for PCIS order entry: LKNOS

All intensive chemotherapy orders require 2 prescriber signatures, one of whom must be an attending physician.
 Cycle 2 only: Intrathecal injection with methotrexate, cytarabine and hydrocortisone on Day 1 and 15
 as per completed INTRATHECAL CHEMOTHERAPY (#819) PRE-PRINTED ORDERS
Chemotherapy:☐ For patients less than 60 years old:
 cytarabine (1000 mg/m² rounded to nearest 100 mg) _____ mg IV over 2 hours BID at 08:00 and 16:00 on
 Day 1 (date): _____, Day 3 (date): _____ and Day 5 (date): _____ for a total of 6 doses.
OR☐ For patients 60 years and older:
 cytarabine (250 mg/m² rounded to nearest 5 mg) _____ mg IV over 2 hours BID at 08:00 and 16:00 on
 Day 1 (date): _____, Day 3 (date): _____ and Day 5 (date): _____ for a total of 6 doses.
Provide prescription refills for the following to be picked up from BC Cancer Outpatient Pharmacy:

Continue iMAtinib or alternative tyrosine kinase inhibitor:

☐ iMAtinib _____ mg PO daily***OR***☐ alternative tyrosine kinase inhibitor: _____

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Comments**Support Medications:** (provide prescriptions to be filled at a community pharmacy)

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.

Patient to use own supply: Nurse to confirm _____

chlorhexidine 0.12% oral rinse 15 mL swish & spit BID (500 mL)

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

☐ penicillin V 300 mg PO QID x 14 days, starting when ANC less than $0.5 \times 10^9/L$

OR

☐ amoxicillin-clavulanate 875 mg-125 mg PO BID x 14 days, starting when ANC less than $0.5 \times 10^9/L$

If HSV seropositive give: ☐ valACYclovir 500 mg PO BID x 14 days, starting when ANC less than $0.5 \times 10^9/L$

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

cotrimoxazole DS 800 mg-160 mg 1 tab PO BID on Mondays and Thursdays

For breakthrough nausea & vomiting, give: [Omit if patient has supply]

☐ metoclopramide 20 mg PO Q4 to 6H PRN x 20 doses

OR

☐ prochlorperazine 10 mg PO Q4 to 6H PRN x 20 doses

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)

If HbsAg or Anti-HBc positive continue lamiVUDine. Refer to L/BMT Manual for recommended duration of lamiVUDine therapy and frequency of HBV DNA level monitoring.

PJP prophylaxis is required until the completion of all treatment.

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