

**ORDERS**

ADDRESSOGRAPH

**COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS**

**MIXED PHENOTYPE ACUTE LEUKEMIA (MPAL)  
INDUCTION CHEMOTHERAPY ORDERS – INPATIENT**

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

\_\_\_\_\_  
Physician's signature

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

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

**Dosing Calculations**

Height: _____ cm	Actual Weight: _____ kg
<p>▪ Document height and weight on Nursing Assessment Form and must be co-signed by 2 RNs</p>	
$BMI(kg/m^2) = \frac{Weight(kg)}{[Height(m)]^2}$ <p><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></p>	BMI = _____ kg/m <sup>2</sup>
$BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}$ <p>Round all BSA calculations to 2 decimal places</p>	BSA = _____ m <sup>2</sup>
<p><b>Ideal Body Weight:</b></p> <p>Male = 50 + 0.91 (height in cm – 152.4) Female = 45.5 + 0.91 (height in cm – 152.4)</p>	
Ideal Body Weight = _____ kg	

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

**LABORATORY:**

Blood glucose daily x 5 days then on Mondays and Thursdays  
Serum bilirubin (total and direct) on days of vinCRISTine (Day 1, 8, 15 and 22)

**DIAGNOSTICS:**

Day 28 (date): \_\_\_\_\_ Bone Marrow Biopsy

If Ph positive by cytogenetics or FISH, physician to send a marrow or peripheral blood sample to Molecular Laboratory with the proper requisition for baseline MRD assessment.

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

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

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

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BCCA Code for PCIS order entry: LKNOS

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

cytarabine (100 mg/m<sup>2</sup>, round to nearest 5 mg) \_\_\_\_\_ mg in dextrose 5% 500 mL IV as a continuous infusion over 24 hours. Repeat daily for a total of 7 days, starting on day 1 (date): \_\_\_\_\_

DAUNOrubicin (check one) Note: Consider decreasing dose to 45 mg/m<sup>2</sup> in patients greater than 60 years old

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

(round to nearest 5 mg) \_\_\_\_\_ mg in dextrose 5% IV over 30 minutes once daily for 3 days at 10:00.

Administer through central line.

Start day 1 (date): \_\_\_\_\_ to day 3 (date): \_\_\_\_\_

vinCRISStine (1.4 mg/m<sup>2</sup>, round to nearest 0.1 mg; maximum dose: 2 mg) \_\_\_\_\_ mg IV in dextrose 5% 50 mL over 15 to 30 minutes daily on days 1, 8, 15 and 22 at 12:00

☐ Dose modification: \_\_\_\_\_ % = \_\_\_\_\_ mg

Give on: Day 1 (date): \_\_\_\_\_, Day 8 (date): \_\_\_\_\_,  
Day 15 (date): \_\_\_\_\_, Day 22 (date): \_\_\_\_\_.

predniSONE (30 mg/m<sup>2</sup>/dose, round to nearest 5 mg) \_\_\_\_\_ mg PO BID (total daily dose 60 mg/m<sup>2</sup>) for 14 days

Start on Day 1 (date): \_\_\_\_\_ and stop after last dose on Day 14 (date): \_\_\_\_\_

Physician to write order to taper predniSONE over 5 to 7 days starting day 15.

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

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

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

**Vancouver  
CoastalHealth**  
VA: VGH / UBCH / GFS  
VC: BP / Purdy / GPC

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**Support Medications:**

ranitidine 150 mg PO BID; Start on Day 1 (date): \_\_\_\_\_

cotrimoxazole 800 mg–160 mg PO BID Q Monday and Q Thursday (if no sulpha allergy);  
Start on Day 1 (date): \_\_\_\_\_

micafungin 100 mg IV daily; Start on Day 1 (date): \_\_\_\_\_

If patient is HSV seropositive give:

☐ valACYclovir 500 mg PO BID \*OR\* acyclovir \_\_\_\_\_ mg (5 mg/kg, round to nearest 25 mg, use ideal body weight if patient BMI is 30 kg/m<sup>2</sup> or greater) IV Q12H  
Start on Day 4 (date) : \_\_\_\_\_

**Antiemetics:** as per completed ANTIEMETIC PROTOCOL LEUKEMIA-BMT PROGRAM (#412) PREPRINTED ORDERS

**Fever orders:** as per completed FEBRILE NEUTROPENIA – INPATIENT INITIAL MANAGEMENT (#302) PREPRINTED ORDERS

NOTES TO PHYSICIAN: (Unit Clerk/Pharmacy do not process – reminders to physician only)

PCP prophylaxis is required until the completion of all treatment

If HbsAg or Anti-HBc positive start lamiVUDine and continue for 6 months after chemotherapy completion (complete Special Authority Form)

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

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