Vancouver CoastalHealth
VA: VGH / UBCH / GFS
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ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

ACUTE LYMPHOBLASTIC LEUKEMIA (ALL 20-01)
CONSOLIDATION PHASE CHEMOTHERAPY ORDERS – ODD CYCLES (Inpatient)

methotrexate plus tyrosine kinase inhibitor for Ph+ ALL

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

Time Processed
RN/LPN Initials
Comments

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

Dosing Calculations	
Height: _____ **cm**	**Actual Weight:** _____ **kg**
▪ Document height and weight on Nursing Assessment Form and must be co-signed by 2 RNs	
$BMI(kg/m^2) = \frac{Weight(kg)}{[Height(m)]^2}$ https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm	**BMI =** _____ **kg/ m²**
$BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}$ Round all BSA calculations to 2 decimal places	**BSA =** _____ **m²**

Use actual weight or BSA to calculate chemotherapy

CYCLE NUMBER (1, 3 or 5): _____ **(Cycle length:** 28 days)

Starting Criteria:
Patient in complete remission after Induction Cycle 3
ANC 1 x 10^9/L or greater, platelets 100 x 10^9/L or greater, direct bilirubin 23.9 micromol/L or less, AST 8 x ULN or less, creatinine 115 micromol/L or less, and no mucositis, ascites, effusions or significant edema

INTRAVENOUS:

Discontinue all other IV fluids
sodium bicarbonate 100 mmol in dextrose 5% (D5W) 1000 mL continuous IV infusion at 250 mL/hour
Start on Day 1 (date): _____ at _____ (time) at least 6 hours prior to methotrexate infusion
- Fluid volume may be adjusted to maintain dilute urine (specific gravity of 1.01 or less)
- Amount of sodium bicarbonate may be adjusted to maintain urine pH 7 or greater

Continue infusion until methotrexate level is less than 0.1 micromol/L.
Ensure total fluids are at least 200 mL/hour if:
- methotrexate level is greater than 100 micromol/L at the end of the infusion (hour 24)
- methotrexate level is greater than 0.18 micromol/L at hour 48
- methotrexate level is greater than 0.1 micromol/L at hour 72

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LABORATORY:

Peripheral blood assessment of BCR-ABL1 RT-PCR prior to starting Consolidation Cycle 1 (then every 3 months)
Bloodwork as per completed LEUKEMIA/BMT ADMISSION ORDERS FOR CONSOLIDATION CHEMOTHERAPY (#278) – PRE-PRINTED ORDERS
Day 1 of each cycle:
CBC, differential, creatinine, AST, bilirubin (total & direct), serum hCG (for women of childbearing potential)
Urine pH before starting methotrexate.
If pH is less than 7, repeat urine pH with each void until pH is greater than 7 before starting methotrexate.
Then urine pH every 6 hours during methotrexate infusion and until leucovorin rescue is completed.
If urine pH is less than 7 at any time, notify prescriber.
methotrexate Levels
methotrexate level at 24 hours after start of methotrexate infusion (at completion of methotrexate infusion)
If 24 hour methotrexate level is 100 micromol/L or less, check level every 24 hours until methotrexate level is less than 0.1 micromol/L
If 24 hour methotrexate level is greater than 100 micromol/L check level every 12 hours until methotrexate level is less than 5 micromol/L then every 24 hours until methotrexate level is less than 0.1 micromol/L
(See page 4 of this order for methotrexate levels and leucovorin rescue doses)

MEDICATIONS:

Chemotherapy:

BCCA Code for PCIS order entry: LKNOS
All intensive chemotherapy orders require 2 prescriber signatures, one of whom must be an attending physician.

Cycles 1 and 3 only: Intrathecal injection with methotrexate, cytarabine and hydrocortisone on Day 1 and 15 as per completed INTRATHECAL CHEMOTHERAPY (#819) PRE-PRINTED ORDERS

☐ For patients less than 60 years old:

methotrexate (1 g/m^2 rounded to nearest 0.1 g) _____g in sodium chloride 0.9% (NS) IV over 24 hours on

Day 1 (date): _____

∗OR∗

☐ For patients 60 years and older:

methotrexate (250 mg/m^2 rounded to nearest 25 mg) _____mg in sodium chloride 0.9% (NS) IV over 24 hours

on Day 1 (date): _____

Start methotrexate infusion when urine specific gravity is 1.01 or less and pH is 7 or greater.
Record the time at which the methotrexate infusion starts: _____. This is time zero.

Continue iMATinib or alternative tyrosine kinase inhibitor as indicated on Medication Reconciliation orders

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Date: _____ **Time:** _____

Support Medications:

If HSV seropositive, give: ☐ valACYclovir 500 mg PO BID. Start Day 5 (date): _____

fluconazole 400 mg PO daily. Start Day 5 (date): _____

Hold cotrimoxazole (SEPTRA EQUIV) until methotrexate level is less than 0.1 micromol/L then restart; prescriber to write new order

Anti-emetics:

ondansetron 8 mg PO 30 minutes prior to methotrexate dose on Day 1, and repeat x1 in 24 hours

dexamethasone 8 mg PO 30 minutes prior to methotrexate dose on Day 1, and repeat x1 in 24 hours

Breakthrough nausea and vomiting anti-emetics:

- ☐ prochlorperazine 10 mg PO Q6H PRN
- ☐ metoclopramide 10 to 20 mg PO/IV Q6H PRN
- ☐ LORazepam 1 mg PO/IV Q6H PRN

Fever orders – as per completed FEBRILE NEUTROPENIA –INPATIENT INITIAL MANAGEMENT (#302) PRE-PRINTED ORDERS

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leucovorin Rescue Orders Based on methotrexate Levels:

24 hour level (at completion of methotrexate infusion):

If methotrexate level is 100 micromol/L or less:

leucovorin (75 mg/m^2, rounded to nearest 1 mg) _____mg IV x 1 bolus dose; give 36 hours after the start of methotrexate infusion then

leucovorin (15 mg/m^2, rounded to nearest 1 mg) _____mg IV Q6H; start 6 hours after the leucovorin bolus dose and continue until methotrexate level is less than 0.1 micromol/L

If methotrexate level is greater than 100 micromol/L immediately start:

leucovorin (100 mg/m^2, rounded to nearest 1 mg) _____mg IV Q3H until methotrexate level is less than 5 micromol/L, then

leucovorin (15 mg/ m^2, rounded to nearest 1 mg) _____mg IV Q3H until methotrexate level is less than 0.1 micromol/L

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

leucovorin Rescue Dosing:
(PRESCRIBER TO WRITE NEW LEUCOVORIN ORDERS BASED ON METHOTREXATE LEVELS)

48 hour level: (from the end of the methotrexate infusion)

If methotrexate level is greater than 0.1 but less than 5 micromol/L:
leucovorin (15 mg/m^2, rounded to nearest 1 mg) IV Q6H until methotrexate level less than 0.1 micromol/L

If methotrexate level is greater than or equal to 5 micromol/L:
leucovorin (15 mg/m^2, rounded to nearest 1 mg) IV Q3H until methotrexate level less than 0.1 micromol/L

72 hour level: (from the end of the methotrexate infusion)

If methotrexate level is greater than 0.1 but less than 5 micromol/L:
leucovorin (15 mg/m^2, rounded to nearest 1 mg) IV Q6H until methotrexate level less than 0.1 micromol/L

If methotrexate level is greater than or equal to 5 micromol/L:
leucovorin (15 mg/m^2, rounded to nearest 1 mg) IV Q3H until methotrexate level less than 0.1 micromol/L

Penicillins, proton pump inhibitors, cotrimoxazole can significantly reduce the renal clearance of high dose methotrexate. Avoid concomitant use of these medications until the methotrexate level is below 0.1 micromol/L.
** When Methotrexate level is below 0.1 micromol/L, discontinue leucovorin and restart PJP prophylaxis **

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.

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

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