

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

ADDRESSOGRAPH

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

**AML INTERMEDIATE DOSE CYTARABINE (INDAC) – OUTPATIENT ORDERS**

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

(Page 1 of 3)

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

☐ Consent signed for chemotherapy

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

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

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

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

**Chemotherapy Dosing Calculations**

Height: \_\_\_\_\_ cm

Actual Weight: \_\_\_\_\_ kg

▪ Document height and weight on Nursing Assessment Form and must be co-signed by 2 nurses

$$BMI(kg / m^2) = \frac{Weight(kg)}{[Height(m)]^2}$$

OR

BMI = \_\_\_\_\_ kg/ m<sup>2</sup>

[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)

$$BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}$$

BSA = \_\_\_\_\_ m<sup>2</sup>

Round all BSA calculations to 2 decimal places

Use actual weight or BSA to calculate chemotherapy doses

**MONITORING:** Complete signature screening sheet for cytarabine cerebellar toxicity prior to each cytarabine dose  
 Vital signs with each visit  
 Weight once weekly  
**If temperature greater than 38°C, notify Hematology Associate/Fellow for initiation of antibiotics**

**LABORATORY:** On day 1, 3, 5, then each visit:  
 CBC with differential, electrolytes, urea, creatinine  
 On day 1, 3, 5, then weekly:  
 GGT, ALT, AST, alkaline phosphatase, LDH, bilirubin (total & direct)  
 On day 1, then weekly:  
 INR, calcium, magnesium, albumin

**DIAGNOSTICS:** Diagnostic lumbar puncture (if not already done) and instil cytarabine as per completed INTRATHECAL CHEMOTHERAPY (#819) PRE-PRINTED order

☐ Day 1 of Consolidation cycle #2 for patients with mutated NPM1, t(8;21), or inv(16):

Send peripheral blood (20 mL in EDTA) to Cancer Genetics and Genomics Laboratory (CGL) for MRD testing prior to starting chemotherapy. Include CGL Myeloid Requisition with sample.

Send bone marrow aspirate (5 mL in EDTA) to CGL for morphology and MRD testing (morning appointment only) prior to starting chemotherapy. Include CGL Myeloid Requisition with sample.

Time Processed  
 RN/LPN Initials  
 Comments

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**MEDICATIONS:**

**PREMEDICATIONS:** ondansetron 8 mg PO 30 MIN before cytarabine **\*AND\***  
 dexamethasone 8 mg PO 30 MIN before cytarabine

**CHEMOTHERAPY:**

BCCA Code for PCIS order entry: LKNOS

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

Indicate cycle: ☐ Salvage ☐ Consolidation #1 ☐ Consolidation #2 ☐ Consolidation #3

cytarabine (1000 mg/m<sup>2</sup>, rounded to the nearest 100 mg) \_\_\_\_\_ mg IV over 2 hours DAILY for 5 days.

From Day 1 (date): \_\_\_\_\_ to Day 5 (date): \_\_\_\_\_

**SUPPORTIVE MEDICATIONS:**

**Patient to take own supply: Nurse to confirm:** \_\_\_\_\_

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.

**Antiemetics:** ☐ prochlorperazine 10 mg PO Q6H PRN breakthrough nausea and vomiting  
☐ metoclopramide 10 to 20 mg PO/IV Q6H PRN breakthrough nausea and vomiting  
☐ LORazepam 1 mg PO/IV Q6H PRN breakthrough nausea and vomiting

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

Book appointments for chemotherapy administration

Book first appointment after completion of chemotherapy on (date): \_\_\_\_\_

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**SUPPORTIVE MEDICATIONS, continued:**

For all patients, provide prescriptions for:

**Eye care:** dexamethasone 0.1% ophthalmic drops – 2 drops in each eye Q6H starting immediately before first dose of cytarabine and continue until 48 hours after last dose of cytarabine (10 mL)

**Mouth care:** chlorhexidine 0.12% oral rinse, 15 mL swish & spit BID (500 mL)

**Antiviral:** If HSV seropositive: ☐ valACYclovir 500 mg PO BID, starting when ANC below  $0.5 \times 10^9/L$

**Antifungal:** fluCONazole 400 mg PO daily x 21 days, starting when ANC below  $0.5 \times 10^9/L$

**Antibiotic:** ciprofloxacin 500 mg PO BID x 21 days, starting when ANC below  $0.5 \times 10^9/L$

**\*PLUS\***

☐ penicillin V 300 mg PO QID x 21 days, starting when ANC below  $0.5 \times 10^9/L$

**\*OR\***

☐ amoxicillin-clavulanate 875-125 mg PO BID x 21 days, starting when ANC below  $0.5 \times 10^9/L$

**Breakthrough nausea & vomiting:** ☐ metoclopramide 20 mg PO Q4 to 6H PRN x 20 doses  
**\*OR\***

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

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

Patients with prolonged neutropenia due to refractory leukemia (i.e. receiving salvage chemotherapy) should receive fungal prophylaxis with posaconazole (obtain coverage through PharmaCare Special Authority and/or manufacturer's patient support program prior to starting posaconazole).

Patients with a history of invasive pulmonary aspergillosis should continue antifungal treatment throughout chemotherapy.

For antibiotic prophylaxis in patients with penicillin allergy but no history of IgE-mediated allergic reaction (i.e. anaphylaxis, angioedema, immediate urticaria), consider:

cefuroxime 500 mg PO BID x 21 days, starting when ANC below  $0.5 \times 10^9/L$  (in combination with ciprofloxacin)

For antibiotic prophylaxis in patients with true penicillin allergy (IgE-mediated reaction), consider:

clindamycin 300 mg PO TID x 21 days, starting when ANC below  $0.5 \times 10^9/L$  (in combination with ciprofloxacin)

**\*OR\***

MOXIflaxacin 400 mg PO daily x 21 days, starting when ANC below  $0.5 \times 10^9/L$  (monotherapy)

**\*OR\***

levofloxacin 500 mg PO daily x 21 days, starting when ANC below  $0.5 \times 10^9/L$  (monotherapy)

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