

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

**DAUNORUBICIN-CYTARABINE LIPOSOME
FIRST INDUCTION CHEMOTHERAPY ORDERS - INPATIENT**

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

(Page 1 of 2)

Date: _____ Time: _____

Time Processed
RN/LPN Initials
Comments

☐ Consent signed for chemotherapy

☐ Supply is approved and provided by VYXEOS Patient Access Program (Patient's Own Medication)

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

Dosing Calculations

Height: _____ cm

Actual Weight: _____ kg

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

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

https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm

BMI = _____ kg/m²

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

BSA = _____ m²

Round all BSA calculations to 2 decimal places

Use actual weight or BSA to calculate chemotherapy doses

DIAGNOSTICS:

Send peripheral blood sample (20 mL in EDTA) to the Cancer Genetics and Genomics Laboratory (CGL) for RNA extraction for baseline MRD testing prior to starting chemotherapy.

Bone marrow biopsy on count recovery or on Day 28.

Diagnostic lumbar puncture on count recovery and instil cytarabine (complete INTRATHECAL CHEMOTHERAPY ORDERS (#819) PRE-PRINTED ORDER).

PREMEDICATIONS:

Give first dose 30 minutes prior to first dose of chemotherapy on Day 1, 3 and 5:

ondansetron 8 mg PO BID ***AND***

dexamethasone 8 mg PO daily



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

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Date: _____

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CHEMOTHERAPY:

BCCA Code for PCIS order entry: PATIENT'S OWN (Supply provided by VYXEOS Patient Access Program)

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

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

It is recommended that cardiac function be evaluated with an echocardiogram or radionuclide ventriculography (RVG) and electrocardiogram (ECG) prior to starting each cycle.

Prior to proceeding with treatment, it is recommended that CrCl is above 30 mL/min, total bilirubin is below 51 micromol/L, and LVEF is above 50%.

DAUNOrubicin-cytarabine liposome is a fixed dose combination of DAUNOrubicin 44 mg and cytarabine 100 mg per vial. DAUNOrubicin-cytarabine liposome is prescribed based on the DAUNOrubicin component (44 mg/m²) and will deliver cytarabine 100 mg/m² in combination.

DAUNOrubicin-cytarabine liposome has a different posology than DAUNOrubicin injection and cytarabine injection and must not be interchanged with other DAUNOrubicin and/or cytarabine containing products.

DAUNOrubicin-cytarabine liposome (44 mg/m² DAUNOrubicin component, round to the nearest 2.2 mg)
_____ mg in dextrose 5% (D5W) 500 mL IV over 90 minutes daily on Days 1, 3 and 5.

Give on Day 1 (date): _____, Day 3 (date): _____, Day 5 (date): _____.

Confirm each dose with prescriber prior to administration.

Administer through a central line using an infusion pump.

Do not use an in-line filter. Flush line after use.

SUPPORTIVE CARE:

micafungin 100 mg IV daily. Start on Day 1 (date): _____

If patient is HSV seropositive give:

☐ valACYclovir 500 mg PO BID. Start on Day 6 (date): _____

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 INITIAL FEBRILE NEUTROPENIA OR INFECTION MANAGEMENT – INPATIENT (#302) PRE-PRINTED ORDER.

Prescriber's Signature _____

Printed Name _____

College ID _____

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