

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

**ACUTE LYMPHOBLASTIC LEUKEMIA (ALL 13-01)
CONSOLIDATION 1B (HiDAC) CHEMOTHERAPY ORDERS - OUTPATIENT
Adult Ph-Negative ALL Patients (16-39 years)**

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

(Page 1 of 2)

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

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

Starting Criteria

Consolidation 1B should start no sooner than 21 days after start of Consolidation 1A and only when there is no or nearly fully resolved mucositis, APC greater than 0.75 x 10⁹/L, platelets 75 x 10⁹/L and rising, creatinine 115 micromol/L or less, AST 8 times or less of the upper limit of normal, direct bilirubin 23.9 micromol/L or less

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

LABORATORY: On day 1 and day 2:

CBC with differential, electrolytes, urea, creatinine

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

On day 8:

CBC with differential, electrolytes, urea, creatinine

Blood work as per ALL13-01 CONSOLIDATION 1B CHEMOTHERAPY – PEGASPARGASE (# 851)
PRE-PRINTED Orders

On each visit after day 8:

CBC with differential, electrolytes, urea, creatinine

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

PREMEDICATIONS:

ondansetron 8 mg PO 30 minutes prior to each cytarabine dose

Prescriber's Signature
ALL13CIB

Printed Name

VCH.VA.PPO.860 | Rev.JUL.2022

College ID

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COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

**ACUTE LYMPHOBLASTIC LEUKEMIA (ALL 13-01)
CONSOLIDATION IB (HiDAC) CHEMOTHERAPY ORDERS - OUTPATIENT
Adult Ph-Negative ALL Patients (16-39 years)**

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

(Page 2 of 2)

Date: _____ Time: _____

MEDICATIONS:

BCCA Code for PCIS order entry: LKNOS

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

Chemotherapy:

cytarabine (2000 mg/m²/dose; rounded to nearest 100 mg) _____ mg IV over 1 to 2 hours BID at 08:00 and 16:00 for 4 doses.

Give on Day 1 (date): _____ and Day 2 (date): _____

etoposide (100 mg/m²/dose; rounded to nearest 5 mg) _____ mg in sodium chloride 0.9% (NS) IV over 2 hours DAILY for 3 days.

Give on Day 3 (date): _____, Day 4 (date): _____, and Day 5 (date): _____

pegaspargase * (ONCASPAR EQUIV) – start on Day 8 as per completed ALL 13-01 CONSOLIDATION CHEMOTHERAPY – PEGASPARGASE (# 851) PREPRINTED Orders

* Omit pegaspargase if Ph positive or planned for allogeneic hematopoietic stem cell transplant

Provide prescription for the following to be picked up from BC Cancer Outpatient Pharmacy:

dexamethasone (9 mg/m²/dose; round to nearest 2 mg) _____ mg PO BID for 10 doses.

Start on Day 1 (date): _____ and stop after last dose on Day 5 (date): _____

Support Medications:

Provide prescriptions for the following 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 x 10⁹/L ***PLUS***

☐ penicillin V 300 mg QID x 14 days, starting when ANC less than 0.5 x 10⁹/L ***OR***

☐ amoxicillin-clavulanate 875 – 125 mg PO BID x 14 days, starting when ANC less than 0.5 x 10⁹/L

If HSV seropositive, give: ☐ valACYclovir 500 mg PO BID x 14 days, starting when ANC less than 0.5 x 10⁹/L

fluconazole 400 mg PO DAILY x 14 days, starting when ANC less than 0.5 x 10⁹/L

For breakthrough nausea & vomiting, give: ☐ 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) PREPRINTED orders

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

APC: Absolute polymorph count = sum (neutrophils + monocytes + bands)

PJP prophylaxis is required until the completion of all treatment.