

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

**ACUTE LYMPHOBLASTIC LEUKEMIA (ALL 13-01)
CONSOLIDATION II (NO DOXORUBICIN) CHEMOTHERAPY ORDERS - OUTPATIENT
Adult Ph-Negative ALL Patients (16-39 years)**

(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 _____

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

APC 1.0×10^9 /L or greater, platelets 100×10^9 /L or greater, direct bilirubin 23.9 micromol/L or less, AST 8 times or less of normal, mucositis none or mild.

Start after a total cumulative dose of 300 mg/m² of DOXOrubicin has been given and the patient still requires ALL 13-01 Consolidation II therapy.

LABORATORY:

CBC with differential, bilirubin (total and direct), ALT, AST, SCr, BUN, electrolytes on Day 1 and each visit

Time
Processed
RN/LPN Initials
Comments

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

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Date: _____ Time: _____

CYCLE Number: _____

MEDICATIONS:

BCCA Code for PCIS order entry: LKNOS

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

Intrathecal Chemotherapy Injections: (Use preservative-free solutions only)

methotrexate 12 mg plus cytarabine 40 mg plus hydrocortisone 50 mg IT every 18 weeks until 2 years of continued complete remission - See completed ALL 13-01 INTRATHECAL CHEMOTHERAPY ORDERS (FOR CONSOLIDATION II & CONTINUATION) (#858) PREPRINTED ORDER

Chemotherapy:

pegaspargase (ONCASPAR) – continue as per completed ALL 13-01 CONSOLIDATION 1B CHEMOTHERAPY-PEGASPARGASE ORDERS (#851) PREPRINTED ORDER

vinCRISTine (1.4 mg/m² rounded to nearest 0.1 mg to a maximum of 2 mg) _____ mg IV in dextrose 5% (D5W) 50 mL over 15 to 30 minutes on Day 1 (date): _____

☐ vinCRISTine dose modification: _____ % reduction = _____ mg IV on Day 1

Dose modification for: ☐ Hepatotoxicity ☐ Other toxicity _____

Confirm each vinCRISTine dose with prescriber prior to administration.

methotrexate (30 mg/m² rounded to nearest 1 mg) _____ mg IV in dextrose 5% (D5W) 50 mL over 20 minutes once weekly x 3, starting one day after pegaspargase if pegaspargase given that week.

☐ methotrexate dose modification: _____ % reduction = _____ mg IV once weekly

Dose modification for: ☐ Cytopenias ☐ Hepatotoxicity ☐ Other toxicity _____

Give on Day 1 (date): _____, Day 8 (date) _____, and Day 15 (date) _____

HOLD systemic methotrexate on the day IT methotrexate is given.

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

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

VinCRISTine to be administered through a central line

Concomitant use of vinCRISTine and voriconazole or posaconazole or other azole antifungal agents EXCEPT fluCONazole is contraindicated.

Dose modifications for vinCRISTine: Dose may be delayed and/or reduced for peripheral neuropathy, ileus, SIADH, hyperbilirubinemia, or life-threatening illness, but should be resumed at full dose as soon as possible. If direct bilirubin below 23.9 micromol/L, give full dose; If direct bilirubin 23.9 micromol/L or higher but less than 51.3 micromol/L, give 50% of vinCRISTine; If direct bilirubin 51.3 micromol/L or higher; Hold vinCRISTine.

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Chemotherapy continued:

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

dexamethasone (9 mg/m²/dose rounded to nearest 2 mg) _____ mg PO BID x 5 days

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

mercaptopurine (50 mg/m²/dose rounded to nearest 25 mg) _____ mg PO QHS x 14 days

☐ mercaptopurine dose modification: _____ % reduction = _____ mg PO QHS x 14 days

Dose modification for: ☐ Cytopenias ☐ Hepatotoxicity ☐ Other toxicity _____

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

No food or milk 1 hour prior to and 2 hours after administration.

Fever orders: as per completed FEBRILE NEUTROPENIA – OUTPATIENT INITIAL MANAGEMENT (#310) PREPRINTED orders

Book patient with primary BMT physician every 3 months; Primary BMT physician (name): _____

Next appointment is booked on (date): _____

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

Repeat this 3-week CONSOLIDATION II treatment until ready for the next phase of therapy.

Proceed to ALL 13-01 CONTINUATION CHEMOTHERAPY (#856) when all of the following criteria are met:

1. a cumulative dose of 300 mg/m² of DOXOrubicin has been administered
2. 30 post-remission weeks of pegaspargase has been reached
3. 8 to 10 cycles of dexamethasone 18mg/m²/day has been administered
 (8 cycles in Consolidation II, 1 cycle in Consolidation IB and 1 cycle in CNS Therapy)

PJP prophylaxis is required until the completion of all treatment.

For hepatitis B prophylaxis, continue lamiVUDine and refer to the L/BMT Manual for recommended duration of therapy and frequency of hepatitis B vial DNA level monitoring.