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

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

ACUTE LYMPHOBLASTIC LEUKEMIA (ALL 13-01)
INDUCTION CHEMOTHERAPY ORDERS - INPATIENT

Adult ALL Patients (16-39 years)

(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 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**
$BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}$ Round all BSA calculations to 2 decimal places	**BSA =** _____ **m²**

Use actual weight or BSA to calculate chemotherapy doses

Starting Criteria
Direct bilirubin of 23.9 micromol/L or lower

LABORATORY:

Capillary blood glucose BID every Monday and Thursday
Fibrinogen levels weekly
INR, PTT, fibrinogen, amylase, lipase, bilirubin (total and direct), ALT, AST and fasting triglyceride prior to pegaspargase (Day 4)
Fasting triglyceride level 7 days after pegaspargase (Day 11)
INR, PTT and platelets on days of LP and intrathecal chemotherapy
Serum bilirubin (total and direct) on days of vincristine, DOXOrubicin and methotrexate (Day 1, 2, 3, 8, 15 and 22)

MONITORING:

Vital signs prior to pegaspargase infusion, then during and after pegaspargase infusion as clinically indicated; observe for 1 hour after the end of the infusion.

DIAGNOSTICS:

For all new ALL diagnoses, prescriber to send peripheral blood samples to Cancer Genetics Laboratory with the appropriate requisition for BCR-ABL1 RT-PCR baseline MRD assessment, with diagnosis as "query Ph+ ALL"

Day 29 (date): _____ Bone Marrow Biopsy

_____ _____ _____
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MEDICATIONS:

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

PREMEDICATIONS:

ondansetron 8 mg PO at 13:30 30 minutes prior to DOXOrubicin and repeat 8 hours later at 21:30 on days 1 and 2

acetaminophen 650 mg PO x 1 dose 30 minutes prior to pegaspargase

diphenhydrAMINE ☐ 25 mg PO x 1 dose ∗**OR**∗ ☐ 50 mg PO x 1 dose 30 minutes prior to pegaspargase

hydrocortisone 100 mg IV x 1 dose 30 minutes prior to pegaspargase

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

cytarabine 50 mg INTRATHECAL on Day 1 (date):_____at 14:00 as per completed INTRATHECAL CHEMOTHERAPY (#819) PRE-PRINTED ORDERS.
See Notes to Prescriber section for further intrathecal chemotherapy.

Chemotherapy:

vinCRIStine (1.4 mg/m^2 rounded to the nearest 0.1 mg to a maximum of 2 mg) _____ mg in dextrose 5% (D5W) IV over 15 to 30 minutes daily on Days 1, 8, 15 and 22 at 12:00

☐ Dose modification: _____ % = _____ mg

Give on: Day 1 (date): _____, Day 8 (date):_____,
Day 15 (date): _____, Day 22 (date): _____.

Confirm each vincristine dose with prescriber prior to administration.

DOXOrubicin (30 mg/m^2 rounded to nearest 5 mg) _____mg in dextrose 5% (D5W) 50 mL IV over 10 to 20 minutes daily on Days 1 and 2 at 14:00

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

Cumulative DOXOrubicin dose administered including this cycle: _____ mg/m^2

predniSONE (20 mg/m^2/dose; rounded to nearest 5 mg) _____mg PO BID on Days 1 to 28

Start on Day 1 (date): _____ and stop after last dose on Day 28 (date): _____

Prescriber to write order to taper predniSONE over 10 to 14 days starting day 29.

methotrexate (40 mg/m^2 rounded to nearest 1 mg) _____ mg IV over 20 minutes

on Day 3 (date): _____at 10:00

Give dose at least 8 hours but no more than 24 hours after last dose of DOXOrubicin

Confirm methotrexate dose with prescriber prior to administration.

_____ _____ _____

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Date: _____ **Time:** _____

MEDICATIONS CONTINUED:

☐ pegaspargase * (ONCASPAR) (2000 units/m^2 rounded to the nearest 75 units to a maximum of 3750 units)
_____units in sodium chloride 0.9% (NS) 100 mL IV over 1 to 2 hours on Day 4 (date): _____

Confirm pegaspargase dose with prescriber prior to administration.

* pegaspargase to be omitted in Ph positive patients

Have the following available on unit for pegaspargase infusion:

diphenhydrAMINE 50 mg IV Q4H PRN hypersensitivity reaction
epinephrine 1 mg/mL solution 0.5 mg (0.5 mL) IM (preferred route if platelet count above 50 x 10^9 /L) ***OR***
SUBCUTANEOUS Q5 to 15 MIN PRN anaphylaxis or hypotension
hydrocortisone 100 mg IV Q6H PRN hypersensitivity reaction
salbutamol 5 mg nebule for inhalation by nebulizer Q2 to 4H PRN dyspnea

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

DOXOrubicin and vinCRIStine to be administered through a central line.

Concomitant use of vinCRIStine with voriconazole, posaconazole or other azole antifungal agents is contraindicated EXCEPT fluconazole.

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.

Dose Modifications for DOXOrubicin: Direct bilirubin must be 23.9 micromol/L or lower before DOXOrubicin is given.

Dose modification for methotrexate: If direct bilirubin is 23.9 micromol/L or greater, hold dose until direct bilirubin is less than 23.9 micromol/L. Give by Day 15 if this is achieved.

Dose modifications for pegaspargase: Hold for clinical pancreatitis or untreated DVT until treated. Hold if fibrinogen less than 0.5 mg/L, direct bilirubin greater than 51.3 micromol/L or triglycerides greater than 11 mmol/L.

Intrathecal chemotherapy:

For patients without CNS disease: (complete INTRATHECAL CHEMOTHERAPY (#819) PRE-PRINTED ORDERS)

methotrexate 12 mg plus cytarabine 40 mg plus hydrocortisone 50 mg INTRATHECAL on Day 15

If peripheral blood criteria for remission are met and direct bilirubin is below 23.9 micromol/L,

methotrexate 12 mg plus hydrocortisone 50 mg INTRATHECAL on Day 29

For patients with CNS disease:

See CNS treatment guidelines in the L/BMT Manual.

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MEDICATIONS CONTINUED:

SUPPORTIVE CARE:

pantoprazole 40 mg PO daily; Start on Day 1 (date): _____

cotrimoxazole DS 800 mg-160 mg 1 TAB PO BID Q Monday and Q Thursday; Start on Day 6 (date): _____

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

If patient is HSV seropositive give:

☐ valACYclovir 500 mg PO BID; Start on Day 5 (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 FEBRILE NEUTROPENIA – INPATIENT INITIAL MANAGEMENT (#302) PRE-PRINTED ORDERS**.**

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

PJP prophylaxis is required until the completion of all treatment

If HbsAg or Anti-HBc positive start lamiVUDine (complete Special Authority Form). Refer to L/BMT Manual for recommended duration of lamiVUDine therapy and frequency of hepatitis B viral DNA level monitoring.

_____ Prescriber's Signature

_____ Printed Name

_____ College ID