IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 604 -875-4077 IMMEDIATELY



VC: BP / Purdy / GPC

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

ACUTE LYMPHOBLASTIC LEUKEMIA (ALL 13-01) INTRATHECAL CHEMOTHERAPY ORDERS - OUTPATIENT (FOR CONSOLIDATION II & CONTINUATION)

		(Items with check boxes must be selected to be ordered)	(Page 1 of 1)
Date:		Time:	Time Processed RN/LPN Initia
LABORATORY:			Comments
Check INR, PT	T, platelet count, A	ST, ALT, and bilirubin (total and direct) prior to each LP	
MEDICATIONS:			
BCCA Code for PCIS	order entry: LKNOS		
Intrathecal chemothera	apy orders require o	one prescriber signature only.	
Intrathecal Chemo	otherapy Injection	s: (Use preservative-free solutions only)	
comp		oine 40 mg plus hydrocortisone 50 mg IT every 18 weeks until 2 years of continued per completed INTRATHECAL CHEMOTHERAPY (#819) PRE-PRINTED order for	
Hold	systemic methotre	xate on the week that IT methotrexate is given	
Wee	< 0 (date):	(date = date of first LP given during CNS phase)	
Weel	< 18 (date):		
Weel	< 36 (date):		
Weel	< 54 (date):		
Weel	< 72 (date):		
Weel	k 90 (date):		
Weel	k 108 (date):		
NOTES TO PRESCR	RIBER: (Unit Clerk/	Pharmacy do not process – reminders to prescriber only)	
		after the start of ALL 13-01 CNS CHEMOTHERAPY (#853) Orders and toconsolidation II and Continuation phases	
Give as close to 18 w	eeks as possible		
Always give at the sta	art of a chemo cycl	e	
		f upper limit of normal and/or direct bilirubin is greater than 23.9 micromol/L	
· · · · · · · · · · · · · · · · · · ·		r IT cytarabine and hydrocortisone. (Physician to write orders)	
Prescriber to verify	with patient that p	prophylactic LMWH has been held for at least 12 hours prior to each LP	
Prescriber's Signature		Printed Name College ID	