

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

AML HIGH DOSE CYTARABINE (HIDAC) PLUS DAUNORUBICIN - INPATIENT

Induction Chemotherapy for ages 18-60 years with CNS involvement

(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

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

Chemotherapy Dosing Calculations

Height: _____ cm	Actual Weight: _____ kg
<p>▪ Document height and weight on Nursing Assessment Form and must be co-signed by 2 nurses</p>	
$BMI(kg / m^2) = \frac{Weight(kg)}{[Height(m)]^2}$ <p>https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm</p>	BMI = _____ kg/ m ²
$BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}$ <p>Round all BSA calculations to 2 decimal places</p>	BSA = _____ m ²

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.

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

Check cardiac function with echocardiogram or radionuclide ventriculography (RVG) and electrocardiogram (ECG) prior to starting treatment. Consider alternative regimen if LVEF below 50%.

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

PREMEDICATIONS:

Give first dose 30 minutes prior to first dose of chemotherapy

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

dexamethasone 8 mg PO daily

Prescriber's Signature
HIDAC&DNR

Printed Name
VA.VCH.PPO.414 | Rev.JUL.2022

College ID

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

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CHEMOTHERAPY:

BCCA Code for PCIS order entry: LKNOS

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

cytarabine (1500 mg/m², rounded to nearest 100 mg) _____ mg IV over 1 hour Q12H at 10:00 and 22:00
 for a total of 12 doses.

From Day 1 (date): _____ to Day 6 (date): _____.

DAUNOrubicin (60 mg/m² rounded to nearest 5 mg) _____ mg IV in dextrose 5% (D5W) over 30 minutes
 DAILY at 12:00 for 3 doses. Administer through central line.

From Day 1 (date): _____ to Day 3 (date): _____.

SUPPORTIVE CARE:

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.

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

If patient is HSV seropositive give:

☐ valACYclovir 500 mg PO BID. Start Day 7 (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 ORDERS.

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

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
 HIDAC&DNR

Printed Name
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