



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

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

ACUTE LYMPHOBLASTIC LEUKEMIA (ALL 89-1) CONSOLIDATION III CHEMOTHERAPY ORDERS

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

(Page 1 of 3)

Date: _____ Time: _____

☐ General consent signed for chemotherapy

Time
Processed
RN/LPN Initials
Comments

Must be completed prior to ordering chemotherapy: This woman of child bearing potential has been assessed for the possibility of pregnancy.

Physician's signature _____

Printed name _____

College ID _____

Chemotherapy Dosing Calculations

Height: _____ cm

Actual Weight: _____ kg

- Height and weight to be verified by 2 RNs
- Document height and weight on Nursing Assessment Form

$$BMI(kg/m^2) = \frac{Weight(kg)}{[Height(m)]^2} \text{ OR}$$

<http://www.nhlbisupport.com/bmi/>

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

MONITORING: Vital signs with each visit
Weight once weekly
If temperature greater than 38°C, notify Hematology Associate/Fellow for initiation of antibiotics

LABORATORY: On each visit:
CBC with differential, electrolytes, urea, creatinine
On day 1, 8, 15, 22, 29, 31, 34, 38, 41, then weekly:
GGT, ALT, AST, alkaline phosphatase, LDH, bilirubin (total & direct), random glucose
On day 1, then weekly
INR, calcium, phosphate, magnesium, albumin

SUPPORTIVE CARE:
No enemas, suppositories, IM injections
No ASA or non-steroidal anti-inflammatory drugs (NSAIDs)

Prescriber's Signature
ALL89-1-3

Printed Name
VCH.VA.PPO.393 I Rev.OCT.2015

College ID



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PREMEDICATIONS:

ondansetron 8 mg PO/IV administered 30 minutes before cycloPHOSPHAMIDE and DAUNOrubicin
prochlorperazine 10mg PO 15 to 30 minutes before cytarabine

CHEMOTHERAPY:

BCCA Code for PCIS order entry: LKNOS

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

To start 4 weeks after Consolidation II AND when ANC greater than $1 \times 10^9/L$.

vinCRISine (1.5 mg/m² rounded to the nearest 0.1 mg to a maximum of 2 mg) _____ mg in D5W 50 mL IV over 15 to 30 minutes DAILY on days 1, 8, 15 and 22.

Verify each dose with physician prior to administration. Concomitant use of vinCRISine and voriconazole or posaconazole or other azole antifungal agents EXCEPT fluCONazole is contraindicated.

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

DAUNOrubicin (25 mg/m² rounded to the nearest 5 mg) _____ mg in D5W 50 mL IV over 30 minutes DAILY on days 1, 8, 15, and 22. MD to consider LVEF when dosing. Administer through central line.

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

cyclophosphamide (650 mg/m² rounded to the nearest 100 mg) __ mg IV in NS
over 60 minutes on Day 29 (date): _____

cytarabine (75 mg/m² rounded to the nearest 5 mg) _____ mg in D5W 100 mL IV over 30 minutes DAILY for 4 consecutive days: From Day 31 (date): _____ to Day 34 (date): _____ and
From Day 38 (date): _____ to Day 41 (date): _____

Provide prescription for the following:

dexamethasone (10 mg/m² rounded to nearest 2 mg = 0.5 TAB) _____ mg PO DAILY for 28 days. Start on Day 1 (date): _____ and end after dose on Day 28 (date): _____. Provide additional prescription for dexamethasone taper over 14 days.

thioguanine (60 mg/m² rounded to nearest 20 mg = 0.5 TAB) _____ mg PO DAILY for 14 days. Start on Day 29 (date): _____ and end after the dose on Day 42 (date): _____



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SUPPORT MEDICATIONS:

metoclopramide 30 mg PO or IV Q6H PRN for breakthrough nausea

prochlorperazine 10 mg PO Q6H PRN for breakthrough nausea

Provide prescriptions for the following:

If HSV seropositive, give: ☐ valACYclovir 500 mg PO BID x 45 days. Start Day 1 (date): _____

fluconazole 400 mg PO DAILY x 45 days. Start Day 1 (date): _____

ciprofloxacin 500 mg PO BID x 14 days. Start when ANC less than $0.5 \times 10^9/L$

chlorhexidine 0.12% 15 mL swish & spit BID x 500 mL

ranitidine 150 mg PO BID x 45 days. Start Day 1 (date): _____ [omit if patient already on H2-blocker or proton pump inhibitor]

☐ prochlorperazine 10 mg PO Q6H PRN nausea (20 TABS). [Omit if patient has supply].

RETURN APPOINTMENTS:

Book appointments for chemotherapy administration, then for every _____ days

NOTES TO PHYSICIAN (Unit Clerk/Pharmacy do not process – reminders for Physician only).

- PCP prophylaxis is required until the end of consolidation treatment.
- Instruct patient to pick up dexamethasone and thioguanine at BCCA Pharmacy
- For hepatitis B prophylaxis, continue lamivudine therapy for 6 months after chemotherapy completed

Fever orders: as per completed FEBRILE NEUTROPENIA – OUTPATIENT INITIAL MANAGEMENT (# 310) PRE-PRINTED Orders