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

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

AML HIGH DOSE CYTARABINE (HIDAC) – OUTPATIENT ORDERS

Chemotherapy for ages 18-60 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

Chemotherapy Dosing Calculations	
Height: _____ cm	**Actual Weight: _____ kg**
▪ Document height and weight on Nursing Assessment Form and must be co-signed by 2 nurses	
$BMI(kg/m^2) = \frac{Weight(kg)}{[Height(m)]^2}$ **OR** 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

MONITORING: Complete signature screening sheet for cytarabine cerebellar toxicity prior to each dose of cytarabine
Vital signs with each visit
Weight once weekly
If temperature greater than 38°C, notify Hematology Associate/Fellow for initiation of antibiotics

LABORATORY: On day 1, 3, 6, then each visit:
CBC with differential, electrolytes, urea, creatinine
On day 1, 3, 6, then weekly:
GGT, ALT, AST, alkaline phosphatase, LDH, bilirubin (total & direct)
On day 1, then weekly:
INR, calcium, magnesium, albumin

DIAGNOSTICS: Diagnostic lumbar puncture (if not already done) and instil cytarabine as per completed INTRATHECAL CHEMOTHERAPY (#819) PRE-PRINTED order

☐ Day 1 of Consolidation cycle #2 for patients with mutated NPM1, t(8;21), or inv(16):

Send peripheral blood (20 mL in EDTA) to Cancer Genetics and Genomics Laboratory (CGL) for MRD testing prior to starting chemotherapy. Include CGL Myeloid Requisition with sample.

Send bone marrow aspirate (5 mL in EDTA) to CGL for morphology and MRD testing (morning appointment only) prior to starting chemotherapy. Include CGL Myeloid Requisition with sample.

_____ _____ _____
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MEDICATIONS:

PREMEDICATIONS: ondansetron 8 mg PO 30 MIN before cytarabine ***AND***
dexamethasone 8 mg PO 30 MIN before cytarabine

CHEMOTHERAPY:

BCCA Code for PCIS order entry: LKNOS

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

Indicate cycle: ☐ Salvage ☐ Consolidation cycle # 1 ☐ Consolidation cycle # 2 ☐ Consolidation cycle # 3

cytarabine (3000 mg/m^2 rounded to the nearest 100 mg) _____ mg IV over 3 hours DAILY for 6 days.

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

SUPPORTIVE MEDICATIONS:

Patient to take own supply: Nurse to confirm: _____

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.

Antiemetics:
☐ prochlorperazine 10 mg PO Q6H PRN breakthrough nausea and vomiting
☐ metoclopramide 10 to 20 mg PO/IV Q6H PRN breakthrough nausea and vomiting
☐ LORazepam 1 mg PO/IV Q6H PRN breakthrough nausea and vomiting

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

Book appointments for chemotherapy administration

Book first appointment after completion of chemotherapy on (date): _____

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SUPPORTIVE MEDICATIONS, continued:

For all patients, provide prescriptions for:

Eye care: dexamethasone 0.1% ophthalmic drops – 2 drops in each eye Q6H starting immediately before first dose of cytarabine and continue until 48 hours after last dose of cytarabine (10 mL)

Mouth care: chlorhexidine 0.12% oral rinse, 15 mL swish & spit BID (500 mL)

Antiviral: If HSV seropositive: ☐ valACYclovir 500 mg PO BID, starting when ANC below 0.5 x 10^9/L

Antifungal: fluCONazole 400 mg PO daily x 21 days, starting when ANC below 0.5 x 10^9/L

Antibiotic: ciprofloxacin 500 mg PO BID x 21 days, starting when ANC below 0.5 x 10^9/L

PLUS

☐ penicillin V 300 mg PO QID x 21 days, starting when ANC below 0.5 x 10^9/L

OR

☐ amoxicillin-clavulanate 875-125 mg PO BID x 21 days, starting when ANC below 0.5 x 10^9/L

Breakthrough nausea & vomiting: ☐ metoclopramide 20 mg PO Q4 to 6H PRN x 20 doses

OR

☐ prochlorperazine 10 mg PO Q4 to 6H PRN x 20 doses

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

Patients with prolonged neutropenia due to refractory leukemia (i.e. receiving salvage chemotherapy) should receive antifungal prophylaxis with posaconazole (obtain coverage through PharmaCare Special Authority and/or manufacturer's patient support program prior to starting posaconazole).

Patients with a history of invasive pulmonary aspergillosis should continue antifungal treatment throughout chemotherapy.

For antibiotic prophylaxis in patients with penicillin allergy but no history of IgE-mediated allergic reaction (i.e. anaphylaxis, angioedema, immediate urticaria), consider:

cefuroxime 500 mg PO BID x 21 days, starting when ANC below 0.5 x 10^9/L (in combination with ciprofloxacin)

For antibiotic prophylaxis in patients with true penicillin allergy (IgE-mediated reaction), consider:

clindamycin 300 mg PO TID x 21 days, starting when ANC below 0.5 x 10^9/L (in combination with ciprofloxacin)

OR

MOXIfloxacin 400 mg PO daily x 21 days, starting when ANC below 0.5 x 10^9/L (monotherapy)

OR

levofloxacin 500 mg PO daily x 21 days, starting when ANC below 0.5 x 10^9/L (monotherapy)

If HbsAg or Anti-HBc positive continue lamiVUDine and 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