

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS
ACUTE LYMPHOBLASTIC LEUKEMIA (ALL 20-01)
INDUCTION PHASE II CHEMOTHERAPY ORDERS - CYCLE 1 & 2 (Outpatient)
vinCRistine and dexamethasone plus tyrosine kinase inhibitor for Ph+ ALL

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

(Page 1 of 3)

Date: _____ Time: _____

 Time Processed
 RN/LPN Initials
 Comments

☐ Consent signed for chemotherapy

Must be completed prior to ordering chemotherapy: This woman 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 RNs

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

https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm

 BMI = _____ kg/ m²

$$BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}$$

 BSA = _____ m²

Round all BSA calculations to 2 decimal places

Use actual weight or BSA to calculate chemotherapy
CYCLE NUMBER (1 or 2): _____ (Cycle length: 28 days)
Starting criteria: Start on day 29 following the previous induction chemotherapy cycle provided patient is in complete remission and ANC greater than $1 \times 10^9/L$.

LABORATORY:

Day 1 of each cycle:

Serum hCG for women of childbearing potential

Day 1 and 15:

INR, PTT

Every week on Days 1, 8, 15 and 22:

Calcium, phosphorus, magnesium, uric acid, AST, ALT, ALP, GGT, bilirubin (total & direct), LDH

Day 1 of each cycle then every visit:

CBC with differential, urea, creatinine, electrolytes, random blood glucose

☐ Cycle 2 only: Peripheral blood assessment of BCR-ABL1 RT-PCR on Day 28 (date): _____
 (prior to starting Consolidation)

 Prescriber's Signature

 Printed Name

VCH.VA.PPO.1201 | FEB.2022

 College ID

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

ACUTE LYMPHOBLASTIC LEUKEMIA (ALL 20-01)
INDUCTION PHASE II CHEMOTHERAPY ORDERS - CYCLE 1 & 2 (Outpatient)
vinCRiStine and dexamethasone plus tyrosine kinase inhibitor for Ph+ ALL

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

(Page 2 of 3)

Date: _____ Time: _____

Time Processed
RN/LPN Initials
Comments**MEDICATIONS:****Chemotherapy:**

BCCA Code for PCIS order entry: LKNOS

All intensive chemotherapy orders require 2 prescriber signatures, one of whom must be an attending physician.
☐ Intrathecal injection with methotrexate, cytarabine and hydrocortisone on Day 1 and 15 of each cycle as per completed INTRATHECAL CHEMOTHERAPY (#819) PRE-PRINTED ORDERS
OR
☐ If patient has CNS leukemia at diagnosis, intrathecal injection with methotrexate twice weekly until blasts cleared from CSF as per completed INTRATHECAL CHEMOTHERAPY (#819) PRE-PRINTED ORDERS

 vinCRiStine (1.4 mg/m² rounded to the nearest 0.1 mg to a maximum of 2 mg) _____ mg in dextrose 5% (D5W) 50 mL IV over 15 to 30 minutes on Day 1 (date): _____ and Day 15 (date): _____

☐ vinCRiStine dose modification: _____ % = _____ mg
*Confirm each vinCRiStine dose with prescriber prior to administration.***Provide prescription for the following to be picked up from BC Cancer Outpatient Pharmacy:**
☐ For patients less than 60 years old
 dexamethasone 40 mg PO daily on Days 1 to 4 (dates): _____ and Days 11 to 14 (dates): _____
OR
☐ For patients 60 years and older
 dexamethasone 20 mg PO daily on Days 1 to 4 (dates): _____ and Days 11 to 14 (dates): _____

Continue iMAtinib or alternative tyrosine kinase inhibitor:

☐ iMAtinib _____ mg PO daily
OR
☐ alternative tyrosine kinase inhibitor: _____
Support Medications: (provide prescriptions to be filled at a community pharmacy)
☐ ranitidine 150 mg PO BID on Days 1 to 4 (dates): _____ and Days 11 to 14 (dates): _____

cotrimoxazole DS 800 mg-160 mg 1 tab PO BID on Mondays and Thursdays

ciprofloxacin 500 mg PO BID x 14 days, starting when ANC less than $0.5 \times 10^9/L$ fluconazole 400 mg PO daily x 14 days, starting when ANC less than $0.5 \times 10^9/L$

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

If HSV seropositive give: ☐ valACYclovir 500 mg PO BID start on Day 1 (date): _____
☐ prochlorperazine 10 mg PO Q6H PRN nausea/vomiting (20 tabs). [Omit if patient has supply]

Prescriber's Signature _____

Printed Name _____

College ID _____

VCH.VA.PPO.1201 | FEB.2022

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

ACUTE LYMPHOBLASTIC LEUKEMIA (ALL 20-01)
INDUCTION PHASE II CHEMOTHERAPY ORDERS - CYCLE 1 & 2 (Outpatient)

vinCRISTine and dexamethasone plus tyrosine kinase inhibitor for Ph+ ALL

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

(Page 3 of 3)

Date: _____ Time: _____

Time Processed
 RN/LPN Initials
 Comments

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

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

vinCRISTine: To be administered through a central line. Concomitant use of vinCRISTine and voriconazole or posaconazole or other azole antifungal agents EXCEPT fluconazole is contraindicated.

Dose modifications for vinCRISTine: Dose may be delayed and/or reduced for peripheral neuropathy, ileus, hyperbilirubinemia, SIADH, or life-threatening illness, but should be resumed at full dose as soon as possible.

If direct bilirubin is less than 23.9 micromol/L, give full dose

If direct bilirubin is more than or equal 23.9 micromol/L and less than 51.3 micromol/L, give 50% of vinCRISTine

If direct bilirubin is more than or equal 51.3 micromol/L; hold vinCRISTine

If HbsAg or Anti-HBc positive continue lamiVUDine. Refer to L/BMT Manual for recommended duration of lamiVUDine therapy and frequency of HBV DNA level monitoring.

PJP prophylaxis is required until the end of chemotherapy treatment.

Consider pre-medication with antiemetic prior to each tyrosine kinase inhibitor dose.

Consider referral to Diabetes Nurse Educator or Endocrinology for capillary blood glucose monitoring and management for patients at risk for or exhibiting corticosteroid-induced hyperglycemia.

Prescriber's Signature

Printed Name

VCH.VA.PPO.1201 | FEB.2022

College ID