



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 I, II, IV, V Chemotherapy Orders

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

(Page 1 of 3)

Date: _____ Time: _____

☐ 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.

Physician's signature

Printed name

College ID

Chemotherapy Dosing Calculations

| | |
|--|--------------------------------|
| Height: _____ cm | Actual Weight: _____ kg |
| <ul style="list-style-type: none"> Height and weight to be verified by 2 RNs Document height and weight on Nursing Assessment Form | |
| $BMI(kg/m^2) = \frac{Weight(kg)}{[Height(m)]^2}$ OR https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm | BMI = _____ kg/ m ² |
| $BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}$ Round all BSA calculations to 2 decimal places | BSA = _____ m ² |

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 day 1, 3, 5, then each visit:
CBC with differential, electrolytes, urea, creatinine
On day 1, 3, 5, then weekly:
GGT, ALT, AST, alkaline phosphatase, LDH, bilirubin (total & direct)
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)

Time
Processed
RN/LPN Initials
Comments

Prescriber's Signature
ALL89-1-5

Printed Name
VCH.VA.PPO.139 I Rev.JUN.2018

College ID



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PREMEDICATIONS:

prochlorperazine 10 mg PO 15 to 30 minutes before each dose of cytarabine

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

CONSOLIDATION COURSE:

- ☐ **Consolidation I:** To start 4 weeks post completion of Phase II induction AND when ANC above $1 \times 10^9/L$
- ☐ **Consolidation II:** To start 4 weeks from Day 1 of Consolidation I AND when ANC above $1 \times 10^9/L$.
- ☐ **Consolidation IV:** To start 8 weeks from Day 1 of Consolidation III AND when ANC above $1 \times 10^9/L$
- ☐ **Consolidation V:** To start 4 weeks from Day 1 of Consolidation IV AND when ANC above $1 \times 10^9/L$

Administer via central line:

cytarabine (75 mg/m^2 rounded to the nearest 5 mg) _____ mg in dextrose 5% (D5W) 50 mL IV over 30 minutes ONCE DAILY for 5 days:

From Day 1 (date): _____ to Day 5 (date): _____

etoposide (100 mg/m^2 rounded to the nearest 5 mg) _____ mg IV in sodium chloride 0.9% (NS) over 1 hour ONCE DAILY for 5 days

From Day 1 (date): _____ to Day 5 (date): _____

SUPPORT MEDICATIONS:

metoclopramide 30 mg PO/IV Q6H PRN for breakthrough nausea

prochlorperazine 10 mg PO Q6H PRN for breakthrough nausea

Provide prescription for the following:

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

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

RETURN APPOINTMENTS:

Book appointments for chemotherapy administration

Book appointment for blood work and possible transfusion _____ weekly after completion of chemotherapy treatment for _____ weeks.



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

PCP prophylaxis is required until the end of consolidation treatment.

On completion of five courses of consolidation, the patient will be continued on maintenance chemotherapy treatment including mercaptopurine 75 mg/m² PO per day and methotrexate 20 mg/m² PO or IV ONCE PER WEEK to be continued for a total of 2 ½ years after completing Phase II induction. Doses will be adjusted to maintain an ANC of 1.5 to 4 X 10⁹/L (physician to refer to protocol for guidelines).

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