

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

ACUTE LYMPHOBLASTIC LEUKEMIA (ALL 13-01)

CNS CHEMOTHERAPY ORDERS - OUTPATIENT

Adult Ph-Negative ALL Patients (16-39 years)

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

(Page 1 of 3)

Date: _____ Time: _____

☐ Consent signed for chemotherapy

Time
Processed
RN/LPN Initials
Comments

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

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
$BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}$	BSA = _____ m ²
Round all BSA calculations to 2 decimal places	

Use actual weight or BSA to calculate chemotherapy doses

Starting Criteria

APC 1.0 x 10⁹/L or greater, platelets 100 x 10⁹/L or greater, direct bilirubin 23.9 micromol/L or less, AST 8 times or less of normal. Start at least 3 weeks from start of ALL 13-01 Consolidation IB.

TREATMENTS:

Cranial Radiation (Start as close as possible to the administration of DOXOrubicin and vinCRISTine)

- ☐ 1200 cGy delivered as 150 cGy daily fractions for 8 days
☐ 1800 cGy delivered as 180 cGy daily fractions for 10 days

Patient Characteristics	Radiation Dose
CNS-1 at Days 1, 18 and 32 or CNS-2 at Day 1 but clear by Day 18	1200 cGy
CNS-2 on Day 18 or 32	1800 cGy
CNS-3 on Day 1 or 18, or Cranial Nerve Palsy at diagnosis	1800 cGy

Prescriber's Signature
ALL13CNSC

Printed Name
VCH.VA.PPO.853 | Rev. JUN.2022

College ID

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TREATMENTS continued:

- CNS-1: no blast cells in cytospin, regardless of CSF cell count
- CNS-2: 5 or fewer WBC on CSF cell count, with blasts on cytospin
- CNS-3: More than 5 WBC on CSF cell count, with blasts on cytospin
- Follow up on Radiation Oncology Consultation faxed to BC Cancer

LABORATORY:

CBC with differential, bilirubin (total and direct), ALT, AST, SCr, BUN, electrolytes on Day 1 and each visit

MEDICATIONS:

BCCA Code for PCIS order entry: LKNOS

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

ondansetron 8 mg PO 30 MIN prior to DOXOrubicin

Intrathecal Chemotherapy Injections: (Use preservative-free solutions only)
 methotrexate 12 mg plus cytarabine 40 mg plus hydrocortisone 50 mg IT twice weekly x 4 doses as per completed
 INTRATHECAL CHEMOTHERAPY (#819) PRE-PRINTED orders for each date
Chemotherapy:
 pegaspargase (ONCASPAR)– continue as per completed ALL 13-01 CONSOLIDATION 1B CHEMOTHERAPY-
 PEGASPARGASE ORDERS (#851) PREPRINTED ORDER

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

☐ vinCRISStine dose modification: _____ % reduction = _____ mg IV on Day 1

 Dose modification for: ☐ Hepatotoxicity ☐ Other toxicity _____
Confirm each vinCRISStine dose with prescriber prior to administration.
 DOXOrubicin (30 mg/m² rounded to nearest 5 mg) _____ mg IV in dextrose 5% (D5W) 50 mL over 10 to 20 minutes
 x 1 dose on Day 1 (date): _____
Cumulative DOXOrubicin dose administered including this cycle: _____ mg/m²
 Prescriber's Signature
 ALL13CNSC

 Printed Name
 VCH.VA.PPO.853 I Rev. JUN.2022

College ID

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

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MEDICATIONS continued:

Provide prescription for the following to be picked up at BC Cancer Outpatient Pharmacy:

dexamethasone (9 mg/m²/dose rounded to nearest 2 mg) _____ mg PO BID x 5 days

Start on Day 1 (date): _____ and stop after last dose on Day 5 (date): _____

mercaptopurine (50 mg/m²/dose rounded to nearest 25 mg) _____ mg PO QHS x 14 days

☐ mercaptopurine dose modification: _____ % reduction = _____ mg PO QHS x 14 days

Dose modification for: ☐ Cytopenias ☐ Hepatotoxicity ☐ Other toxicity _____

Start on Day 1 (date): _____ and stop after last dose on Day 14 (date): _____

No food or milk 1 hour prior to and 2 hours after administration.

Fever orders: as per completed FEBRILE NEUTROPENIA – OUTPATIENT INITIAL MANAGEMENT (#310)
 PREPRINTED orders

Book patient with primary BMT physician every 3 months; Primary BMT physician (name): _____

Next appointment is booked on (date): _____

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

APC: Absolute polymorph count = sum (neutrophils + monocytes + bands)

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, SIADH, hyperbilirubinemia, or life-threatening illness, but should be resumed at full dose as soon as possible. If direct bilirubin below 23.9 micromol/L, give full dose; If direct bilirubin 23.9 micromol/L or higher but less than 51.3 micromol/L, give 50% of vinCRiStine; If direct bilirubin is 51.3 micromol/L or higher, Hold vinCRiStine.

Dose modifications for DOXOrubicin: Direct bilirubin must be 23.9 micromol/L or lower before DOXOrubicin is given.

DOXOrubicin and vinCRiStine to be administered through a central line.

Complete and fax Consult for Cranial Radiation Therapy for Protocol ALL 13-01.