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

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

ACUTE LYMPHOBLASTIC LEUKEMIA (ALL 13-01)
CONSOLIDATION II CHEMOTHERAPY ORDERS - OUTPATIENT
Adult Ph-Negative ALL Patients (16-39 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 _____

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

Starting Criteria

APC 1.0 x 10^9/ L or greater, platelets 100 x 10^9/ L or greater, direct bilirubin 23.9 micromol/L or less, AST 8 times or less of normal, mucositis none or mild. Start after completion of ALL 13-01 CNS Therapy (At least 3 weeks from start of systemic chemotherapy administered during CNS therapy)

LABORATORY:

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

PREMEDICATIONS:

ondansetron 8 mg PO 30 MIN prior to DOXOrubicin

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Date: _____ **Time:** _____

CYCLE Number: _____

MEDICATIONS:

BCCA Code for PCIS order entry: LKNOS

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

Intrathecal Chemotherapy Injections: (Use preservative-free solutions only)

methotrexate 12 mg plus cytarabine 40 mg plus hydrocortisone 50 mg IT every 18 weeks until 2 years of continued complete remission - See completed ALL 13-01 INTRATHECAL CHEMOTHERAPY ORDERS (FOR CONSOLIDATION II & CONTINUATION) (#858) PREPRINTED ORDER

Chemotherapy:

pegaspargase (ONCASPAR)– continue as per completed ALL 13-01 CONSOLIDATION 1B CHEMOTHERAPY-PEGASPARGASE ORDERS (#851) PREPRINTED ORDER.

vinCRIStine (1.4 mg/m^2 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): _____

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

Dose modification for: ☐ Hepatotoxicity ☐ Other toxicity _____

Confirm each vinCRIStine dose with prescriber prior to administration

DOXOrubicin (30 mg/m^2 rounded to the 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 not to exceed 300 mg/m^2 +/- 15 mg/m^2

Cumulative DOXOrubicin dose administered including this cycle: _____ mg/m^2

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

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

DOXOrubicin and vinCRIStine to be administered through a central line.

Concomitant use of vinCRIStine and voriconazole or posacaconazole 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 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.

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Comments

Date: _____ **Time:** _____

Chemotherapy continued:

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

dexamethasone (9 mg/m^2/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/m^2/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)

Repeat this 3-week CONSOLIDATION II treatment until ready for the next phase of therapy.

Proceed to ALL 13-01 CONTINUATION CHEMOTHERAPY (#856) when all of the following criteria are met:

1. a cumulative dose of 300 mg/m^2 of DOXOrubicin has been administered
2. 30 post-remission weeks of pegaspargase has been reached
3. 8 to 10 cycles of dexamethasone 18 mg/m^2/day has been administered
   (8 cycles in Consolidation II, 1 cycle in Consolidation IB and 1 cycle in CNS Therapy)

PJP prophylaxis is required until the completion of all treatment.

For hepatitis B prophylaxis, continue lamiVUDine and refer to the L/BMT Manual for recommended duration of therapy and frequency of hepatitis B viral DNA level monitoring.

Prescriber's Signature | Printed Name | College ID