

SURNAME _____ NHI: _____
 FIRST _____
 DOB: ____ / ____ / ____ SEX _____
 Please attach patient label here



**PI-ALL1: Acute Lymphoblastic Leukaemia
 Prephase**

Hypersensitivities	On study: Yes / No	Date:
	Treatment Modified: Yes / No	Height: _____ cm
	Notes:	Weight: _____ kg
Ward: 27A / 27B (please circle)		BSA: _____ m ²

Date	Time	Medication	Dose	Units	Route	Administration/Fluid	Rate	Administration				
								Date	Time	Dose	Given By	Check
Day - 7												
		Methotrexate (Age based dosing)			Intra- thecal	<i>Prescribe on separate intrathecal chemotherapy medication chart (page 2)</i>						
		Prednisone 20mg/m ² /dose	Mane Nocte	mg	po	Twice daily. Day -7 to 22 then taper the dose.						

Prescribing Doctor Signature: _____ Prescribing Doctor Name: _____ Date: _____

NaCl = Sodium chloride

Specimen Signatures (name and initials): 	Pharmacy use:	Supportive care: <input type="checkbox"/> Allopurinol 300mg/m ² /day in 3 divided doses <input type="checkbox"/> Hydration – 125mL/m ² /hour or 3000mL/m ² /day

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ALL PERSONNEL COMPLETING ANY ASPECT OF THIS CHART MUST BE ON THE INTRATHECAL REGISTER

INTRATHECAL CHEMOTHERAPY MEDICATION CHART

Weight (kg):	Hypersensitivities	Deliver to:
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Prescription Protocol: PI-ALL1 Cycle: Prephase Day: -7					Administration Ensure checklist below has been completed		
Date	Medication	Dose	Route	Doctor Name and Signature	Given by (Doctor) Name and signature	Checked by (Nurse) Name and signature	Time administered
	METHOTREXATE		INTRATHECAL				
			INTRATHECAL				
			INTRATHECAL				

FINAL CHECK IN THEATRE: the following must be checked at the time of intrathecal administration (circle the applicable answer):				Doctor's signature		Checkers signature	
Correct patient (check patient name, hosp no. and date of birth)				YES	NO		
Medicine name(s), dose(s), volume(s) route and expiry date(s)				YES	NO		

PHARMACY USE (Name, Date and Signature)

Clinical Check:	Are intravenous, subcutaneous or intramuscular cytotoxic drugs to be given on same day as intrathecal(s)? YES / NO (please circle)	Dispensed by:	Checked by:
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Pharmacy Check at time of intrathecal release:

If receiving intravenous, subcutaneous or intramuscular chemotherapy on the same day: (Tick one applicable box) <input type="checkbox"/> Chemotherapy will be delivered and will be given in a separate location <input type="checkbox"/> Chemotherapy administration has occurred and administration record has been checked <input type="checkbox"/> Chemotherapy will remain in cytotoxic unit until intrathecal is administered <input type="checkbox"/> Chemotherapy not made yet	Released/Issued by:	Transported or collected by:
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Intrathecal age based dosing:	
Methotrexate	
1-1.99 yr	8mg
2-2.99 yr	10mg
≥ 3 yrs	12mg