

SURNAME \_\_\_\_\_ NHI: \_\_\_\_\_  
 FIRST \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX \_\_\_\_\_  
 Please attach patient label here



# PI-ALL1: Acute Lymphoblastic Leukaemia Induction

Hypersensitivities	Treatment Modified: Yes / No Notes:	Date:	Height: cm	Weight: kg	BSA: m <sup>2</sup>
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Consultant approval to start chemotherapy  
 Signed: \_\_\_\_\_ Date: .../.../....

Date	Time	Medication	Dose	Units	Route	Administration/Fluid	Rate	Administration				
								Date	Time	Dose	Given By	Check
<b>Day 1</b>												
		<b>Prednisone</b> 20mg/m <sup>2</sup> /dose		mg	po	Twice daily. Day 1 to 21 then taper the dose over 7 days.						
		<b>Vincristine</b> 1.5mg/m <sup>2</sup> (max 2mg)		mg	IV	Push	Over 1 minute					
<b>Day 4</b>												
	T-0.5	Premedications: Loratadine (refer to protocol for dosing)										
	T=0	<b>Pegaspargase</b> 2500units/m <sup>2</sup> (Vial size = 3750 units)		units	IV	In 100mL NaCl 0.9%	Over 1 to 2 hours					
<b>Day 8</b>												
		<b>Vincristine</b> 1.5mg/m <sup>2</sup> (max 2mg)		mg	IV	Push	Over 1 minute					
<b>Day 15</b>												
		<b>Methotrexate</b> (Age based dosing)			Intra-thecal	<i>Prescribe on separate intrathecal chemotherapy medication chart (page 3)</i>						
		<b>Vincristine</b> 1.5mg/m <sup>2</sup> (max 2mg)		mg	IV	Push	Over 1 minute					
<b>Day 22</b>												
		<b>Vincristine</b> 1.5mg/m <sup>2</sup> (max 2mg)		mg	IV	Push	Over 1 minute					

Prescribing Doctor Signature: \_\_\_\_\_ Prescribing Doctor Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 NaCl = Sodium chloride

Specimen Signatures (name and initials):	Pharmacy use:	Supportive care: <input type="checkbox"/> Prednisone taper schedule – 20mg/m <sup>2</sup> /day for 2 days, then 10mg/m <sup>2</sup> /day for 2 days, then 5mg/m <sup>2</sup> /day for 2 days, then 2.5mg/m <sup>2</sup> /day for 1 day. <input type="checkbox"/> PCP Prophylaxis - Cotrimoxazole BD Sat and Sun
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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: Induction    Day: 15					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				

<b>FINAL CHECK IN THEATRE: the following must be checked at the time of intrathecal administration (circle the applicable answer):</b>				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