SURNAME	=		NHI :			Nati	onalChild								
DOB:		/	/ SEX			Linking Care	ICEINELWORK /Shanng Knowledge / Advancing Best Practice Protocol	e	PI-ALL	1: Acute	Lvm	phob	lastic	: Leuka	emia
БОВ.		Ple	ease attach patient label	l here			11010001		CI	NS Preve	ntativ	re – C	ักทรก	lidation	
Hypersensitivities Treatment Modified: Yes / No Notes:			No	Date Heigl	nt: cm				Day	1 to 2	1				
						Weig BSA:			Start when neutrophils $\geq 0.5 \times 10^9 / L$ and platelets $\geq 80 \times 10^9 / L$ . Continue treatment without interruption unless life threatening complications are present.						
Date	Time	Med	lication	Dose	Units	Route	Administra	atio	n/Fluid	Rate	Date	Time	Adminis Dose	tration Given By	Check
Day 1 N	eut:	x10 <sup>9</sup> /L Plts:	x10 <sup>9</sup> /L				C	on	sultant approv	al to start che			1	,	//
		Methotrexate (Age based dosing)				Intra- thecal	Prescribe on se								
		Vincristine 1.5mg/m² (max 2mg)			mg	IV	Push		Over 1 minute						
	T-2					IV	In NaCl 0.18% + or NaCl 0.3% + or NaCl 0.45% +	GΙι	ucose 3.5%	At mL/hr n25mL/m²/hr) for 2 hours					
	T=0	=0 Cyclophosphamide 1000mg/m <sup>2</sup>			mg	IV	In 50mL NaCl 0.9% or Glucose 5%		% or	Over 1 hour					
	T+1					IV	In NaCl 0.18% + or NaCl 0.3% + or NaCl 0.45% +	GΙι	ucose 3.5%	At mL/hr n25mL/m²/hr) for 4 hours					
		<b>Cytarabine</b> 75mg/m <sup>2</sup>			mg	SC/IV	Push								
Day 2	•				T.	•						•	ı		
		<b>Cytarabine</b> 75mg/m <sup>2</sup>			mg	SC/IV	Push								
Day 3															
		<b>Cytarabine</b> 75mg/m <sup>2</sup>			mg	SC/IV	Push								
Day 4															
	Cytarabine 75mg/m <sup>2</sup>			mg	SC/IV	Push									
Prescribir	ng Doctor S	Signature:			Pres	cribing Do	ctor Name:				_ Date:				
Prescribing Doctor Signature:  NaCl = Sodium chloride  Specimen Signatures (name and initials):							Pharmacy us		Supportive care:  □ PCP Prophylaxis - Cotrimoxazole BD Sat and Sun						

Authorised by: J. Skeen 13/06/2014 Page 1 of 5 Released: 210510

SURNAME NHI:  FIRST  DOB: // SEX  Please attach patient label here  Hypersensitivities Treatment Modified: Yes / No Notes:			No	Date: Heigh	ht: cm ht: kg	PI-ALL1: Acute Lymphoblastic Leukaemia CNS Preventative – Consolidation Day 1 to 21								
	1				I	BSA: m <sup>2</sup>		.: /5						
Date	Time	Med	ication	Dose	Units	Route	Administrati	on/Fluid	Rate	Date	Time	Dose	Given By	Check
Day 8										2 0.10			5c 2)	CHOCK
	Methotrexate (Age based dosing)				Intra- thecal	Prescribe on separate intrathecal chemotherapy medication chart (page 4)						4)		
		Vincristine			mg	IV	Push		Over 1				· · · · · · · · · · · · · · · · · · ·	
	1.5mg/m² (max 2mg)  Cytarabine							minute				]		
	75mg/m <sup>2</sup>			mg	SC/IV	Push						<u> </u>		
Day 9									_					
		<b>Cytarabine</b> 75mg/m <sup>2</sup>			mg	SC/IV	Push							
Day 10														
		<b>Cytarabine</b> 75mg/m <sup>2</sup>			mg	SC/IV	Push							
Day 11		J				L			•		1			
		<b>Cytarabine</b> 75mg/m <sup>2</sup>			mg	SC/IV	Push							
Day 15		,				I	L				l			
		Methotrexate (Age based do	sing)			Intra- thecal	Prescribe on sepa	arate intratheca	l chemotherap	y medica	ation cha	art (page	5)	

 Authorised by: J. Skeen 13/06/2014
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 Released: 210510

Prescribing Doctor Name: \_

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

Specimen Signatures (name and initials):

Pharmacy use:

Date:\_\_\_\_

Supportive care:

□ PCP Prophylaxis - Cotrimoxazole BD Sat and Sun

SURNAME			NHI:
FIRST _			
DOB:	/	/	SEX





ALL PE	Please RSONNEL CO	•	ent label here		THIS (	CHART M	UST BE ON T	HE INTR <i>A</i>	ATHEC	CAL I	REGISTER
INTRA	ATHECAL CH MEDICATION			Weigh	t (kg):		Hypersensitivities			Deliv	ver to:
P	rotocol: PI-ALL1		<b>Prescription</b> CNS Preventat	tive -Consolidat	tion <b>Da</b>	<b>y</b> : 1	Ensure	Administ checklist below		complete	d
Date	Medication		Dose	Route		Name and gnature	Given by (Doctor) Name and signature		ed by (Nui and signa		Time administered
	METHOTREXATE			INTRATHECAL							
				INTRATHECAL							
				INTRATHECAL							
	IECK IN THEATRE: the answer):	ne follow	ing must be che	ecked at the tim	e of intrat	thecal admini	stration (circle the	Doctor's sig	nature	Chec	ckers signature
Correct pa	atient (check patient na	ame, hosp	o no. and date of	birth)	th)		NO				
Medicine r	name(s), dose(s), volu	me(s) rou	ute and expiry da	ate(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:	Dispensed by: Checked by:			
	Check at time of intra										
(Tick one applical Chemo separa Chemo	g intravenous, subcutar ble box) otherapy will be delivered an ate location otherapy administration has stration record has been che	ven in a 🔲 (	nemotherapy on the Chemotherapy will resident intrathecal is administic Chemotherapy not m	emain in cyto stered	•	Released/Iss	Released/Issued by:		Transported or collected by:		
							•			thecal ag	ge based dosing:

Intrathecal age based dosing:						
Methotrexate						
1-1.99 yr	8mg					
2-2.99 yr	10mg					
≥ 3 yrs	12mg					

SURNAME		NHI:	
FIRST _			
DOB:	/	/ SEX	





ALL PE	Pleas ERSONNEL CO		ent label here		THIS	HART M	UST BE ON T	HE INTR	ATHE	CALI	REGISTER
INTR	ATHECAL CI MEDICATION		Weigh	Weight (kg):		Hypersensitivities			Deliver to:		
Р	Protocol: PI-ALL1		Prescription CNS Preventa	tive -Consolidat	tion <b>Day</b>	<b>/</b> : 8	Ensur	Admini e checklist belo	<b>stration</b> w has been o	complete	d
Date	Medication	1	Dose	Route		Name and nature	Given by (Doctor Name and signatu		cked by (Nu e and signa		Time administered
	METHOTREXAT	Έ		INTRATHECAL							
				INTRATHECAL							
				INTRATHECAL							
	HECK IN THEATRE:	the follow	ing must be ch	ecked at the tim	e of intrath	hecal admini	stration (circle the	Doctor's	signature	Chec	ckers signature
Correct pa	atient (check patient i	name, hos	p no. and date o	f birth)		YES	NO				
Medicine	name(s), dose(s), vo	lume(s) ro	ute and expiry da	ate(s)		YES	NO				
PHARMAC	Y USE (Name, Date an	d Signature)									
Clinical Ch			neous or intramu i intrathecal(s)?	<u>iscular</u> cyto YES / NO		Dispensed by:	Dispensed by:		Checked by:		
Pharmacy	Check at time of int	rathecal r	elease:								
(Tick one application of the control	g intravenous, subcut able box) otherapy will be delivered a ate location otherapy administration ha istration record has been of	ven in a 🔲	hemotherapy on the Chemotherapy will resident intrathecal is administ the Chemotherapy not make the chemotherapy of the Chemotherapy not make the chemotherapy of the	emain in cytoto stered	•	Released/Is:	Released/Issued by:			Transported or collected by:	
									Intra	thecal ag	ge based dosing:

Intrathecal age based dosing:							
Methotrexate							
1-1.99 yr	8mg						
2-2.99 yr	10mg						
≥ 3 yrs	12mg						

SURNAME		NHI:	
FIRST _			
DOB:	/	/ SEX	





ALL PE	Pleas ERSONNEL CO	se attach patier	nt label here		THIS C	HART M	UST BE ON T	HE INTR	ATHE	CAL I	REGISTER
INTR	ATHECAL CI MEDICATIO		Weigh	Weight (kg):		Hypersensitivities			Deliver to:		
Pr	rotocol: PI-ALL1		Prescription NS Preventati	ive -Consolidati	on <b>Day</b> :	: 15	Ensul	Admin e checklist belo	stration w has been o	complete	d
Date	Medication		Dose	Route		Name and nature	Given by (Doctor Name and signatu		cked by (Nu e and signa		Time administered
	METHOTREXAT	E		INTRATHECAL							
				INTRATHECAL							
				INTRATHECAL							
	HECK IN THEATRE:	ng must be ch	ecked at the tim	e of intrath	necal admini	stration (circle the	Doctor's	signature	Chec	kers signature	
Correct pa	atient (check patient r	name, hosp	no. and date of	f birth)		YES	NO				
Medicine	name(s), dose(s), vo	lume(s) rou	te and expiry da	ate(s)		YES	NO				
PHARMAC	Y USE (Name, Date and	d Signature)									
Clinical Ch			neous or intramu intrathecal(s)?	<u>iscular</u> cyto YES / NO		Dispensed by:	Dispensed by:		Checked by:		
Pharmacy	Check at time of int	rathecal re	lease:								
(Tick one application of the control		en in a 🔲	Chemotherapy will reintrathecal is adminis	otherapy on the same day:  motherapy will remain in cytotoxic unit until  checal is administered  motherapy not made yet			Released/Issued by:			Transported or collected by:	
									Intra	thecal aç	ge based dosing:

Intrathecal age based dosing:								
Methotrexate								
1-1.99 yr	8mg							
2-2.99 yr	10mg							
≥ 3 yrs 12mg								