

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



**PI-ALL1: Acute Lymphoblastic Leukaemia  
 CNS Preventative – Consolidation  
 Day 1 to 21**

Hypersensitivities	Treatment Modified: Yes / No Notes:	Date:	Height: cm
		Weight: kg	BSA: m <sup>2</sup>

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	Medication	Dose	Units	Route	Administration/Fluid	Rate	Administration				
								Date	Time	Dose	Given By	Check
<b>Day 1</b>		Neut: _____ $\times 10^9/L$ Plts: _____ $\times 10^9/L$	Consultant approval to start chemotherapy Signed: _____ Date: ____/____/____									
		<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					
	T-2	<b>Hydration</b> Potassium chloride 20mmol/L			IV	In NaCl 0.18% + Glucose 4% or NaCl 0.3% + Glucose 3.5% or NaCl 0.45% + Glucose 2.5%	At _____ mL/hr (125mL/m <sup>2</sup> /hr) for 2 hours					
	T=0	<b>Cyclophosphamide</b> 1000mg/m <sup>2</sup>		mg	IV	In 50mL NaCl 0.9% or Glucose 5%	Over 1 hour					
	T+1	<b>Hydration</b> Potassium chloride 20mmol/L			IV	In NaCl 0.18% + Glucose 4% or NaCl 0.3% + Glucose 3.5% or NaCl 0.45% + Glucose 2.5%	At _____ mL/hr (125mL/m <sup>2</sup> /hr) for 4 hours					
		<b>Cytarabine</b> 75mg/m <sup>2</sup>		mg	SC/IV	Push						
<b>Day 2</b>												
		<b>Cytarabine</b> 75mg/m <sup>2</sup>		mg	SC/IV	Push						
<b>Day 3</b>												
		<b>Cytarabine</b> 75mg/m <sup>2</sup>		mg	SC/IV	Push						
<b>Day 4</b>												
		<b>Cytarabine</b> 75mg/m <sup>2</sup>		mg	SC/IV	Push						

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

Specimen Signatures (name and initials):	Pharmacy use:	Supportive care: <input type="checkbox"/> PCP Prophylaxis - Cotrimoxazole BD Sat and Sun

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**PI-ALL1: Acute Lymphoblastic Leukaemia  
 CNS Preventative – Consolidation  
 Day 1 to 21**

Hypersensitivities	Treatment Modified: Yes / No Notes:	Date:	Height: cm
		Weight: kg	BSA: m <sup>2</sup>

Date	Time	Medication	Dose	Units	Route	Administration/Fluid	Rate	Administration				
								Date	Time	Dose	Given By	Check
<b>Day 8</b>												
		<b>Methotrexate</b> (Age based dosing)			Intra-thecal	<i>Prescribe on separate intrathecal chemotherapy medication chart (page 4)</i>						
		<b>Vincristine</b> 1.5mg/m <sup>2</sup> (max 2mg)		mg	IV	Push	Over 1 minute					
		<b>Cytarabine</b> 75mg/m <sup>2</sup>		mg	SC/IV	Push						
<b>Day 9</b>												
		<b>Cytarabine</b> 75mg/m <sup>2</sup>		mg	SC/IV	Push						
<b>Day 10</b>												
		<b>Cytarabine</b> 75mg/m <sup>2</sup>		mg	SC/IV	Push						
<b>Day 11</b>												
		<b>Cytarabine</b> 75mg/m <sup>2</sup>		mg	SC/IV	Push						
<b>Day 15</b>												
		<b>Methotrexate</b> (Age based dosing)			Intra-thecal	<i>Prescribe on separate intrathecal chemotherapy medication chart (page 5)</i>						

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

Specimen Signatures (name and initials):	Pharmacy use:	Supportive care: <input type="checkbox"/> PCP Prophylaxis - Cotrimoxazole BD Sat and Sun

**CR 9070 CHEMOTHERAPY PRESCRIPTION**

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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					Administration		
Protocol: PI-ALL1 Cycle: CNS Preventative -Consolidation Day: 1					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

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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: CNS Preventative -Consolidation Day: 8					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:**

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Intrathecal age based dosing:	
Methotrexate	
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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: CNS Preventative -Consolidation 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
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≥ 3 yrs	12mg