

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



**PI-ALL1: Acute Lymphoblastic Leukaemia
 CNS Preventative – Consolidation
 Day 22 to 43**

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

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
Day 22		Neut: _____ x10 ⁹ /L Plts: _____ x10 ⁹ /L	Consultant approval to start chemotherapy Signed: _____ Date: ____/____/____									
		Methotrexate (Age based dosing)			Intra-thecal	<i>Prescribe on separate intrathecal chemotherapy medication chart (page 3)</i>						
		Vincristine 1.5mg/m ² (max 2mg)		mg	IV	Push	Over 1 minute					
	T-2	Hydration 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 ² /hr) for 2 hours					
	T=0	Cyclophosphamide 1000mg/m ²		mg	IV	In 50mL NaCl 0.9% or Glucose 5%	Over 1 hour					
	T+1	Hydration 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 ² /hr) for 4 hours					
		Cytarabine 75mg/m ²		mg	SC/IV	Push						
Day 23												
		Cytarabine 75mg/m ²		mg	SC/IV	Push						
Day 24												
		Cytarabine 75mg/m ²		mg	SC/IV	Push						
Day 25												
		Cytarabine 75mg/m ²		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
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Hypersensitivities	Treatment Modified: Yes / No Notes:	Date: Height: cm Weight: kg BSA: m ²
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Date	Time	Medication	Dose	Units	Route	Administration/Fluid	Rate	Administration				
								Date	Time	Dose	Given By	Check
Day 29												
		Vincristine 1.5mg/m ² (max 2mg)		mg	IV	Push	Over 1 minute					
		Cytarabine 75mg/m ²		mg	SC/IV	Push						
Day 30												
		Cytarabine 75mg/m ²		mg	SC/IV	Push						
Day 31												
		Cytarabine 75mg/m ²		mg	SC/IV	Push						
Day 32												
		Cytarabine 75mg/m ²		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

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: 22					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