

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



PI-ALL1: Acute Lymphoblastic Leukaemia Continuation

Hypersensitivities	Treatment Modified: Yes / No Notes:	Date:	Height: cm	Weight: kg	BSA: m ²
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Start continuation therapy when neutrophils $\geq 1 \times 10^9/L$ and platelets $\geq 100 \times 10^9/L$. Repeat blood counts at least once every 28 days or more frequently if mercaptopurine dose adjustment is necessary. Liver functions tests are recommended at least every 8 weeks or more frequently if required.

Date	Time	Medication	Dose	Units	Route	Administration/Fluid	Rate	Administration							
								Date	Time	Dose	Given By	Check			
Day 1		Neut: $\times 10^9/L$ Plts: $\times 10^9/L$	Consultant approval to start chemotherapy Signed: _____ Date: ____/____/____												
		Methotrexate (Age based dosing)			Intra-thecal	For the first year only <i>Prescribe on separate intrathecal chemotherapy medication chart (page 2)</i>									
		Dexamethasone 3mg/m ² /dose	Mane Nocte	mg	po	Twice daily for 5 days									
		Methotrexate 20mg/m ² /week <small>(Refer to protocol for dosing guide and dose adjustments) (Tablet = 2.5mg and 10mg)</small>		mg	po	Once weekly on the same day each week.									
		Mercaptopurine 50mg/m ² /dose <small>(Refer to protocol for dosing guide and dose adjustments) (Tablet = 50mg)</small>		mg	po	day(s) per week	Once daily – same time each day.								
				mg	po	day(s) per week									
		Vincristine 1.5mg/m ² (max 2mg)		mg	IV	Push		Over 1 minute							
Day 29															
		Dexamethasone 3mg/m ² /dose	Mane Nocte	mg	po	Twice daily for 5 days									
		Vincristine 1.5mg/m ² (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"/> PCP Prophylaxis - Cotrimoxazole BD Sat and Sun

CR 9070 CHEMOTHERAPY PRESCRIPTION

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

100% dose based on the patients BSA:

Medication	Dose	Units	Route	Administration	
Mercaptopurine 75mg/m ² /dose (100%) <small>(Refer to protocol for dosing guide) (Tablet = 50mg)</small>		mg	po	day(s) per week	Once daily – same time each day
		mg	po	day(s) per week	
Methotrexate 20mg/m ² /week (100%) <small>(Tablet = 2.5mg and 10mg)</small>		mg	po	Once weekly. Adjusted dose on same day of intrathecal. Refer to protocol for dosing guide and dose adjustments	

Date	Day	Blood Counts		Doses to be given				Comments
		PLT	ANC	Mercaptopurine	% Dose	Methotrexate	% Dose	
	1 - 7			mg for mg for	days days		mg/week reduced dose	
	8 - 14						mg/week	
	15 - 21						mg/week	
	22 - 28						mg/week	
	29 - 35						mg/week	
	36 - 42						mg/week	
	43 - 49						mg/week	
	50 - 56						mg/week	

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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: Continuation Day: 1					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