

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



**PI-ALL2: Acute Lymphoblastic Leukaemia
CNS Preventative – Consolidation
Day 1 to 21**

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 $\geq 80 \times 10^9/L$. Once begun, the first 21 days of chemotherapy will be given without interruption, unless life threatening complications are present.
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Date	Time	Medication	Dose	Units	Route	Administration/Fluid		Rate	Administration					
									Date	Time	Dose	Given By	Check	
Day 1 Neut:		x10 ⁹ /L	Plts:	x10 ⁹ /L		Consultant approval to start chemotherapy Signed: _____ Date: ____/____/____								
		Methotrexate (Age based dosing)			Intra- theal	Prescribe on separate intrathecal chemotherapy medication chart (page 3)								
		Mercaptopurine 60mg/m ² /dose (Refer to page 16 of the protocol for dosing guide) (Tablet = 50mg)		mg	po		day(s) per week	Once daily in the evening on an empty stomach. Day 1 to 28.	Inpatient – prescribe on inpatient medication chart Outpatient - Discharge prescription					
			mg	po		day(s) per week								
	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	Push								
Day 2														
		Cytarabine 75mg/m ²		mg	SC	Push								
Day 3														
		Cytarabine 75mg/m ²		mg	SC	Push								
Day 4														
		Cytarabine 75mg/m ²		mg	SC	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 5mg/kg of trimethoprim component in 2 divided doses for 2 days per week.

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

Date	Time	Medication	Dose	Units	Route	Administration/Fluid	Rate	Administration				
								Date	Time	Dose	Given By	Check
Day 8												
		Methotrexate (Age based dosing)			Intra- the- cal	Prescribe on separate intrathecal chemotherapy medication chart (page 4)						
		Cytarabine 75mg/m ²		mg	SC	Push						
Day 9												
		Cytarabine 75mg/m ²		mg	SC	Push						
Day 10												
		Cytarabine 75mg/m ²		mg	SC	Push						
Day 11												
		Cytarabine 75mg/m ²		mg	SC	Push						
Day 15												
		Methotrexate (Age based dosing)			Intra- the- cal	Prescribe on separate intrathecal chemotherapy medication chart (page 4)						

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 5mg/kg of trimethoprim component in 2 divided doses for 2 days per week.		
	<table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>			

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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-ALL-2 Cycle: CNS Preventative -Consolidation 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

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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-ALL-2 Cycle: CNS Preventative -Consolidation Day: 8					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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If receiving intravenous, subcutaneous or intramuscular chemotherapy on the same day: <small>(Tick one applicable box)</small> <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 CHEMOTHERAPY
 MEDICATION CHART**

Weight (kg):	Hypersensitivities	Deliver to:
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Prescription Protocol: PI-ALL-2 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				

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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