

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



**PI-ALL2: Acute Lymphoblastic Leukaemia
CNS Preventative – Consolidation
Day 22 to 32**

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

Start day 22 when neutrophils $\geq 0.5 \times 10^9/L$ and platelets $\geq 80 \times 10^9/L$. Once begun, the chemotherapy will be given 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: <div>x10⁹/L</div> Plts: <div>x10⁹/L</div> Consultant approval to start chemotherapy Signed: _____ Date: ____/____/____													
		Mercaptopurine 60mg/m ² /dose <small>(Refer to page 16 of the protocol for dosing guide) (Tablet = 50mg)</small>		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 <div>mL/hr</div> <div>(125mL/m²/hr)</div> 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 <div>mL/hr</div> <div>(125mL/m²/hr)</div> for 4 hours					
		Cytarabine 75mg/m ²			mg	SC	Push						
Day 23													
		Cytarabine 75mg/m ²			mg	SC	Push						
Day 24													
		Cytarabine 75mg/m ²			mg	SC	Push						
Day 25													
		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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Date	Time	Medication	Dose	Units	Route	Administration/Fluid	Rate	Administration				
								Date	Time	Dose	Given By	Check
Day 29												
		Cytarabine 75mg/m ²		mg	SC	Push						
Day 30												
		Cytarabine 75mg/m ²		mg	SC	Push						
Day 31												
		Cytarabine 75mg/m ²		mg	SC	Push						
Day 32												
		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.