

SURNAME \_\_\_\_\_ NHI : \_\_\_\_\_

FIRST \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SEX \_\_\_\_\_

Please attach patient label here



# PI-ALL-2: Acute Lymphoblastic Leukaemia

## Interim Maintenance

### Day 1 to 56

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

Start therapy when neutrophils  $\geq 1 \times 10^9/L$  and platelets  $\geq 100 \times 10^9/L$ . Refer to protocol for dose adjustment of mercaptopurine and methotrexate based on counts.

Date	Time	Medication	Dose	Units	Route	Administration/Fluid		Rate	Administration				
									Date	Time	Dose	Given By	Check
Day 1 Neut: <u>        </u> x10 <sup>9</sup> /L    Plts: <u>        </u> x10 <sup>9</sup> /L    Consultant approval to start chemotherapy Signed: <u>                    </u> Date: <u>  </u> / <u>  </u> / <u>  </u>													
		<b>Dexamethasone</b> 3mg/m <sup>2</sup> /dose	Mane	mg	po	Twice daily for 5 days (do not taper)			Inpatient – prescribe on inpatient medication chart Outpatient - Discharge prescription				
		Nocte											
		<b>Mercaptopurine</b> 75mg/m <sup>2</sup> /dose (Refer to page 17 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 56.	Inpatient – prescribe on inpatient medication chart Outpatient - Discharge prescription				
						day(s) per week							
		<b>Methotrexate</b> 20mg/m <sup>2</sup> /week (Refer to page 18 of the protocol for dosing guide) (Tablet = 2.5mg and 10mg)		mg	po	Once weekly. Day 1, 8, 15, 22, 36, 43 and 50. Omit on day 29 due to intrathecal.			Inpatient – prescribe on inpatient medication chart Outpatient - Discharge prescription				
		<b>Vincristine</b> 1.5mg/m <sup>2</sup> (max 2mg)											
				mg	IV	Push		Over 1 minute					
Day 29													
		<b>Methotrexate</b> (Age based dosing)			Intra-thecal	Prescribe on separate intrathecal chemotherapy medication chart (page 2)							
		<b>Dexamethasone</b> 3mg/m <sup>2</sup> /dose	Mane	mg	po	Twice daily for 5 days (do not taper)			Inpatient – prescribe on inpatient medication chart Outpatient - Discharge prescription				
			Nocte										
		<b>Vincristine</b> 1.5mg/m <sup>2</sup> (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 5mg/kg of trimethoprim component in 2 divided doses for 2 days per 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-ALL-2    Cycle: Interim Maintenance    Day: 29					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:</b> 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: <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 age based dosing:	
Methotrexate	
1-1.99 yr	8mg
2-2.99 yr	10mg
≥ 3 yrs	12mg