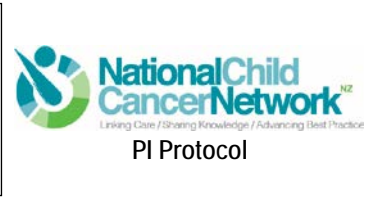


SURNAME _____ NHI : _____

FIRST _____

DOB: / / SEX _____

Please attach patient label here



PI-ALL-2: Acute Lymphoblastic Leukaemia

Delayed Intensification

Day 1 to 28

Hypersensitivities	Treatment Modified: Yes / No Notes:	Date: Height: cm Weight: kg BSA: m ²
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Start therapy when neutrophils $\geq 1 \times 10^9/L$ and platelets $\geq 100 \times 10^9/L$. Once started, treatment should continue until day 29.

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- thecal	Prescribe on separate intrathecal chemotherapy medication chart (page 2)							
		Dexamethasone 5mg/m ² /dose	Mane Nocte	mg	po	Twice daily for 7 days. Day 1 to 7 (do not taper)		Inpatient – prescribe on inpatient medication chart Outpatient - Discharge prescription					
		Vincristine 1.5mg/m ² (max 2mg)		mg	IV	Push	Over 1 minute						
		Doxorubicin 25mg/m ²		mg	IV	Push	Over 15 minutes						
Day 4													
	T-0.5	Premedications: Loratadine (refer to protocol for dosing)											
	T=0	Pegaspargase 2500units/m ² (Vial size = 3750 units)		units	IV	In 100mL NaCl 0.9%	Over 1 to 2 hours						
Day 8													
		Vincristine 1.5mg/m ² (max 2mg)		mg	IV	Push	Over 1 minute						
		Doxorubicin 25mg/m ²		mg	IV	Push	Over 15 minutes						
Day 15													
		Dexamethasone 5mg/m ² /dose	Mane Nocte	mg	po	Twice daily for 7 days. Day 15 to 21 (do not taper)		Inpatient – prescribe on inpatient medication chart Outpatient - Discharge prescription					
		Vincristine 1.5mg/m ² (max 2mg)		mg	IV	Push	Over 1 minute						
		Doxorubicin 25mg/m ²		mg	IV	Push	Over 15 minutes						

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

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



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: Delayed Intensification 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