

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



PI-ALL-2: Acute Lymphoblastic Leukaemia
Continuation Therapy
Cycle: _____

Hypersensitivities	Treatment Modified: Yes / No Notes:	Date: Height: cm Weight: kg BSA: m ²
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Continuation therapy begins when neutrophils >1x10⁹/L and platelets >100x10⁹/L.
Refer to protocol for frequency of blood counts and adjustment of oral chemotherapy. Total therapy is for 84 weeks.

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 3mg/m ² /dose	Mane ----- Nocte	mg	po	Twice daily for 5 days (do not taper)			Inpatient – prescribe on inpatient medication chart Outpatient - Discharge prescription				
		Mercaptopurine 75mg/m ² /dose (Refer to page 17 of the protocol for dosing guide) (Tablet = 50mg)		mg	po		day(s) per week	Once daily – same time each day. Day 1 to 56.		Inpatient – prescribe on inpatient medication chart Outpatient - Discharge prescription			
				mg	po		day(s) per week						
		Methotrexate 20mg/m ² /week (Refer to page 18 of the protocol for dosing guide) (Tablet = 2.5mg and 10mg)		mg	po	Once weekly. Day 8, 15, 22, 29, 36, 43 and 50. Omit on day 1 due to intrathecal.			Inpatient – prescribe on inpatient medication chart Outpatient - Discharge prescription				
		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 (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					

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

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100% dose based on the patients BSA:

Medication	Dose	Units	Route	Administration	
Mercaptopurine 75mg/m ² /dose (100%) (Refer to protocol for dosing guide) (Tablet = 50mg)		mg	po	day(s) per week	Once daily – same time each day
		mg	po	day(s) per week	
Methotrexate 20mg/m ² /week (100%) (Tablet = 2.5mg and 10mg)		mg	po	Once weekly. Omit 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 days mg for days		omit		
	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-ALL-2 Continuation Therapy Cycle: 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