

## IP AYA REMISSION INDUCTION (CALGB 10403)

Types: ONCOLOGY TREATMENT

Synonyms: AYA, ALL, CALGB, 10403, REMISSION, INDUCTION, COURSE 1

Cycle 1	Repeat 1 time	Cycle length: 29 days
<b>Day 1</b> Perform every 1 day x1		
Labs		
<input checked="" type="checkbox"/>	<b>CBC WITH PLATELET AND DIFFERENTIAL</b>	Interval: Once Occurrences: --
<input checked="" type="checkbox"/>	<b>COMPREHENSIVE METABOLIC PANEL</b>	Interval: Once Occurrences: --
<input checked="" type="checkbox"/>	<b>MAGNESIUM LEVEL</b>	Interval: Once Occurrences: --
<input type="checkbox"/>	<b>LDH</b>	Interval: Once Occurrences: --
<input type="checkbox"/>	<b>URIC ACID LEVEL</b>	Interval: Once Occurrences: --
Labs		
<input checked="" type="checkbox"/>	<b>LIPASE LEVEL</b>	Interval: Once Occurrences: --
<input checked="" type="checkbox"/>	<b>AMYLASE LEVEL</b>	Interval: Once Occurrences: --
<input checked="" type="checkbox"/>	<b>FIBRINOGEN</b>	Interval: Once Occurrences: --
Provider Communication		
	<b>ONC PROVIDER COMMUNICATION 5</b>	Interval: Once Occurrences: -- Comments: Use baseline weight to calculate dose. Adjust dose for weight gains/losses of greater than or equal to 10%.
Provider Communication		
	<b>ONC PROVIDER COMMUNICATION</b>	Interval: Once Occurrences: -- Comments: Verify Ejection Fraction prior to Cycle 1. Ejection Fraction: ***% on *** (date).  If patient has not had a recent MUGA or ECHO, order one via order entry. A baseline cardiac evaluation with a MUGA scan or an ECHO is recommended, especially in patients with risk factors for increased cardiac toxicity. Repeated MUGA or ECHO determinations of LVEF should be performed, particularly with higher, cumulative anthracycline doses.
Provider Communication		
	<b>ONC PROVIDER COMMUNICATION 28</b>	Interval: Once Occurrences: -- Comments: Voriconazole and posaconazole are contra-indicated with vinCRISStine.

Line Flush

**sodium chloride 0.9 % flush 20 mL**

Dose: 20 mL      Route: intravenous      PRN  
Start: S

Nursing Orders

**sodium chloride 0.9 % infusion 250 mL**

Dose: 250 mL      Route: intravenous      once @ 30 mL/hr for 1 dose  
Start: S  
Instructions:  
To keep vein open.

Pre-Medications

**ondansetron (ZOFTRAN) 16 mg in sodium chloride 0.9% 50 mL IVPB**

Dose: --      Route: intravenous      once over 15 Minutes for 1 dose  
Start: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Yes	No
	DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 mg	No	No
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

**ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg      Route: oral      once for 1 dose  
Start: S

**dexamethasone (DECADRON) tablet 12 mg**

Dose: 12 mg      Route: oral      once for 1 dose  
Start: S

**aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB**

Dose: 130 mg      Route: intravenous      once over 30 Minutes for 1 dose  
Start: S      End: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION	Medications	130 mg	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	Base	130 mL	Yes	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	130 mL	No	Yes

Supportive Care

**allopurinol (ZYLOPRIM) tablet 300 mg**

Dose: 300 mg      Route: oral      daily  
Start: S

Chemotherapy

**predniSONE (DELTASONE) tablet 30 mg/m2 (Treatment Plan)**

Dose: 30 mg/m2      Route: oral      2 times daily

**methyIPREDNISolone sodium succinate (Solu-MEDROL) injection 30 mg/m2 (Treatment Plan)**

Dose: 30 mg/m2      Route: intravenous      every 12 hours

Provider Communication

**ONC PROVIDER COMMUNICATION 15**

Interval: Once

Occurrences: --

Comments:

If IT chemotherapy is to be administered by IR (interventional radiology) then please place a "Lumbar Puncture by Radiology" order panel under Meds & Orders.

Intrathecal Injections

**cytarabine PF (CYSTOSAR) 70 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection**

Dose: 70 mg      Route: intrathecal      once over 5 Minutes for 1 dose  
Offset: 0 Hours

Instructions:

HAZARDOUS - Handle with care

**Ingredients:**

<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
CYTARABINE (PF) 100 MG/5 ML (20 MG/ML) INJECTION SOLUTION	Medications	70 mg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	1.5 mL	Yes	Yes

Chemotherapy

**vinCRiStine (ONCOVIN) 1.5 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 1.5 mg/m2      Route: intravenous      once over 15 Minutes for 1 dose  
Offset: 30 Minutes

Instructions:

DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg.

Rule-Based Template: RULE ONCBCN

VINCRIStINE 1.5 MG/M2

Conditions:

BSA < 1.33 m2

BSA >= 1.33 m2

Modifications:

Set dose to 1.5 mg/m2

Set dose to 2 mg

**Ingredients:**

<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	1.5 mg/m2	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes

Chemotherapy

**DAUNORubicin (CERUBIDINE) 25 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB**

Dose: 25 mg/m2

Route: intravenous

once over 15 Minutes for 1 dose

Offset: 45 Minutes

**Ingredients:**

**Name**

**Type**

**Dose**

**Selected**

**Adds Vol.**

DAUNORUBICIN 20 Medications

25 mg/m2

Main

Yes

MG INTRAVENOUS SOLUTION

Ingredient

SODIUM CHLORIDE 0.9 %

QS Base

100 mL

Yes

Yes

INTRAVENOUS SOLUTION

DEXTROSE 5 % IN WATER (D5W)

QS Base

100 mL

No

Yes

INTRAVENOUS SOLUTION

**Hematology & Oncology Hypersensitivity Reaction Standing Order**

**ONC NURSING COMMUNICATION 82**

Interval: Until discontinued

Occurrences: --

Comments:

Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)

1. Stop the infusion.
2. Place the patient on continuous monitoring.
3. Obtain vital signs.
4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.
5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.
6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
7. Notify the treating physician.
8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).
9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

**ONC NURSING COMMUNICATION 83**

Interval: Until discontinued

Occurrences: --

Comments:

Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain)

1. Stop the infusion.
2. Notify the CERT team and treating physician immediately.
3. Place the patient on continuous monitoring.
4. Obtain vital signs.
5. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.
6. Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing.
7. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous), Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
8. If no improvement after 15 minutes, advance level of care to Grade 3 (Severe).
9. Assess vital signs every 15 minutes until resolution of symptoms or

otherwise ordered by covering physician.

#### ONC NURSING COMMUNICATION 4

Interval: Until discontinued  
Comments:

Occurrences: --

Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis or O<sub>2</sub> saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse, loss of consciousness, or incontinence)

1. Stop the infusion.
2. Notify the CERT team and treating physician immediately.
3. Place the patient on continuous monitoring.
4. Obtain vital signs.
5. If heart rate is less than 50 or greater than 120, or blood pressure is less than 90/50 mmHg, place patient in reclined or flattened position.
6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O<sub>2</sub> saturation of greater than or equal to 92%.
7. Administer Normal Saline at 1000 mL intravenous bolus using a new bag and new intravenous tubing.
8. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once.
9. Administer Epinephrine (1:1000) 0.3 mg subcutaneous.
10. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

#### diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg                      Route: intravenous                      PRN  
Start: S

#### fexofenadine (ALLEGRA) tablet 180 mg

Dose: 180 mg                      Route: oral                      PRN  
Start: S

#### famotidine (PEPCID) 20 mg/2 mL injection 20 mg

Dose: 20 mg                      Route: intravenous                      PRN  
Start: S

#### hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg

Dose: 100 mg                      Route: intravenous                      PRN

#### dexamethasone (DECADRON) injection 4 mg

Dose: 4 mg                      Route: intravenous                      PRN  
Start: S

#### epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg

Dose: 0.3 mg                      Route: subcutaneous                      PRN  
Start: S

#### Discharge Nursing Orders

**sodium chloride 0.9 % flush 20 mL**

Dose: 20 mL                      Route: intravenous                      PRN

**HEParin, porcine (PF) injection 500 Units**

Dose: 500 Units                      Route: intra-catheter                      once PRN  
Start: S

Instructions:

Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device

maintenance.

**Day 4**

Perform every 1 day x1

Labs

**CBC WITH PLATELET AND DIFFERENTIAL**

Interval: Once Occurrences: --

**COMPREHENSIVE METABOLIC PANEL**

Interval: Once Occurrences: --

**MAGNESIUM LEVEL**

Interval: Once Occurrences: --

**LDH**

Interval: Once Occurrences: --

**URIC ACID LEVEL**

Interval: Once Occurrences: --

Labs

**LIPASE LEVEL**

Interval: Once Occurrences: --

**AMYLASE LEVEL**

Interval: Once Occurrences: --

**FIBRINOGEN**

Interval: Once Occurrences: --

Nursing Orders

**TREATMENT CONDITIONS 28**

Interval: -- Occurrences: --

Comments: MD must review results of amylase, lipase, and fibrinogen prior to patient receiving peg-asparaginase.

Nursing Orders

**sodium chloride 0.9 % infusion 250 mL**

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S

Instructions:  
To keep vein open.

Pre-Medications

**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg Route: oral once for 1 dose

Instructions:  
Administer 30 minutes prior to Pegaspargase.

**diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg Route: intravenous once for 1 dose

Start: S  
Instructions:  
Administer 30 minutes prior to Pegaspargase.

**diphenhydrAMINE (BENADRYL) tablet 25 mg**

Dose: 25 mg Route: oral once for 1 dose

Instructions:  
Administer 30 minutes prior to Pegaspargase.

- hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg**  
Dose: 100 mg      Route: intravenous      once for 1 dose

Instructions:  
Administer 30 minutes prior to Pegaspargase.

Chemotherapy

- pegaspargase (ONCASPAR) 2,500 Units/m2 in dextrose 5% 100 mL chemo IVPB**  
Dose: 2,500 Units/m2      Route: intravenous      once over 2 Hours for 1 dose

Instructions:  
Infuse into a flowing IV line. Observe for 1 hour post infusion

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	PEGASPARGASE 750 UNIT/ML INJECTION SOLUTION	Medications	2,500 Units/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	100 mL	No	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	100 mL	Yes	Yes

Day 8

Perform every 1 day x1

Provider Communication

- ONC PROVIDER COMMUNICATION 30**  
Interval: Once      Occurrences: --  
Comments: Bone marrow biopsy and aspirate specimen must be obtained for all patients on Day 15 to assess initial response and on Day 29 to assess induction response and minimal residual disease.

Labs

- CBC WITH PLATELET AND DIFFERENTIAL**  
Interval: Once      Occurrences: --
- COMPREHENSIVE METABOLIC PANEL**  
Interval: Once      Occurrences: --
- MAGNESIUM LEVEL**  
Interval: Once      Occurrences: --
- LDH**  
Interval: Once      Occurrences: --
- URIC ACID LEVEL**  
Interval: Once      Occurrences: --

Labs

- LIPASE LEVEL**  
Interval: Once      Occurrences: --
- AMYLASE LEVEL**  
Interval: Once      Occurrences: --
- FIBRINOGEN**

Interval: Once Occurrences: --

Nursing Orders

**sodium chloride 0.9 % infusion 250 mL**

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S

Instructions:

To keep vein open.

Pre-Medications

**ondansetron (ZOFTRAN) 16 mg in sodium chloride 0.9% 50 mL IVPB**

Dose: -- Route: intravenous once over 15 Minutes for 1 dose

Start: S

**Ingredients:**

Name	Type	Dose	Selected	Adds Vol.
ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Yes	No
DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 mg	No	No
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

**ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg Route: oral once for 1 dose

Start: S

**dexamethasone (DECADRON) tablet 12 mg**

Dose: 12 mg Route: oral once for 1 dose

Start: S

**aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB**

Dose: 130 mg Route: intravenous once over 30 Minutes for 1 dose

Start: S

End: S

**Ingredients:**

Name	Type	Dose	Selected	Adds Vol.
APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION	Medications	130 mg	Main Ingredient	Yes
DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	Base	130 mL	Yes	Yes
SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	130 mL	No	Yes

Provider Ordering Guidelines

**ONC PROVIDER COMMUNICATION 15**

Interval: Once

Occurrences: --

Comments:

If IT chemotherapy is to be administered by IR (interventional radiology) then please place a "Lumbar Puncture by Radiology" order panel under Meds & Orders.



If IT chemotherapy will be administered in clinic via Ommaya reservoir then you do NOT need a Lumbar Puncture order.

**Intrathecal Injections**

**methotrexate PF 15 mg in sodium chloride 0.9% 5 mL chemo PF INTRATHECAL injection**

Dose: 15 mg      Route: intrathecal      once over 5 Minutes for 1 dose  
 Start: S      End: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	15 mg	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	QS Base	4.4 mL	Yes	Yes

**Chemotherapy**

**vinCRISTine (ONCOVIN) 1.5 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 1.5 mg/m2      Route: intravenous      once over 15 Minutes for 1 dose  
 Offset: 30 Minutes

Instructions:  
 DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg.  
 Rule-Based Template: RULE ONCBCN  
 VINCRISTINE 1.5 MG/M2

Conditions:  
 BSA < 1.33 m2  
 BSA >= 1.33 m2

Modifications:  
 Set dose to 1.5 mg/m2  
 Set dose to 2 mg

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	1.5 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes

**Chemotherapy**

**DAUNORubicin (CERUBIDINE) 25 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB**

Dose: 25 mg/m2      Route: intravenous      once over 15 Minutes for 1 dose  
 Offset: 45 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DAUNORUBICIN 20 MG INTRAVENOUS SOLUTION	Medications	25 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	100 mL	No	Yes

**Day 15**

Provider Communication

Perform every 1 day x1

**ONC PROVIDER COMMUNICATION 30**

Interval: Once  
Comments:

Occurrences: --  
Bone marrow biopsy and aspirate specimen must be obtained for all patients on Day 15 to assess initial response and on Day 29 to assess induction response and minimal residual disease.

#### Labs

**CBC WITH PLATELET AND DIFFERENTIAL**

Interval: Once Occurrences: --

**COMPREHENSIVE METABOLIC PANEL**

Interval: Once Occurrences: --

**MAGNESIUM LEVEL**

Interval: Once Occurrences: --

**LDH**

Interval: Once Occurrences: --

**URIC ACID LEVEL**

Interval: Once Occurrences: --

#### Labs

**LIPASE LEVEL**

Interval: Once Occurrences: --

**AMYLASE LEVEL**

Interval: Once Occurrences: --

**FIBRINOGEN**

Interval: Once Occurrences: --

#### Nursing Orders

**sodium chloride 0.9 % infusion 250 mL**

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Start: S

Instructions:  
To keep vein open.

#### Pre-Medications

**ondansetron (ZOFRAN) 16 mg in sodium chloride 0.9% 50 mL IVPB**

Dose: -- Route: intravenous once over 15 Minutes for 1 dose

Start: S

**Ingredients:**

Name	Type	Dose	Selected	Adds Vol.
ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	Medications	16 mg	Yes	No
DEXAMETHASONE 4 MG/ML INJECTION SOLUTION	Medications	12 mg	No	No
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	50 mL	Always	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

**ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg                      Route: oral                      once for 1 dose  
Start: S

**dexamethasone (DECADRON) tablet 12 mg**

Dose: 12 mg                      Route: oral                      once for 1 dose  
Start: S

**aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB**

Dose: 130 mg                      Route: intravenous                      once over 30 Minutes for 1 dose  
Start: S                      End: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION	Medications	130 mg	Main Ingredient	Yes
	DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	Base	130 mL	Yes	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	130 mL	No	Yes

Chemotherapy

**vinCRISStine (ONCOVIN) 1.5 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 1.5 mg/m2                      Route: intravenous                      once over 15 Minutes for 1 dose  
Offset: 30 Minutes

Instructions:  
DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg.  
Rule-Based Template: RULE ONCBCN  
VINCRISTINE 1.5 MG/M2

Conditions:  
BSA < 1.33 m2  
BSA >= 1.33 m2

Modifications:  
Set dose to 1.5 mg/m2  
Set dose to 2 mg

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRISTINE 1 MG/ML INTRAVENOUS SOLUTION	Medications	1.5 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes

Chemotherapy

**DAUNORubicin (CERUBIDINE) 25 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB**

Dose: 25 mg/m2                      Route: intravenous                      once over 15 Minutes for 1 dose  
Offset: 45 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DAUNORUBICIN 20 MG INTRAVENOUS SOLUTION	Medications	25 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
	DEXTROSE 5 % IN	QS Base	100 mL	No	Yes

WATER (D5W)  
INTRAVENOUS  
SOLUTION

Day 22

Perform every 1 day x1

Provider Communication

**ONC PROVIDER COMMUNICATION 30**

Interval: Once

Occurrences: --

Comments:

Bone marrow biopsy and aspirate specimen must be obtained for all patients on Day 15 to assess initial response and on Day 29 to assess induction response and minimal residual disease.

Labs

**CBC WITH PLATELET AND DIFFERENTIAL**

Interval: Once

Occurrences: --

**COMPREHENSIVE METABOLIC PANEL**

Interval: Once

Occurrences: --

**MAGNESIUM LEVEL**

Interval: Once

Occurrences: --

**LDH**

Interval: Once

Occurrences: --

**URIC ACID LEVEL**

Interval: Once

Occurrences: --

Labs

**LIPASE LEVEL**

Interval: Once

Occurrences: --

**AMYLASE LEVEL**

Interval: Once

Occurrences: --

**FIBRINOGEN**

Interval: Once

Occurrences: --

Nursing Orders

**sodium chloride 0.9 % infusion 250 mL**

Dose: 250 mL

Route: intravenous

once @ 30 mL/hr for 1 dose

Start: S

Instructions:

To keep vein open.

Pre-Medications

**ondansetron (ZOFTRAN) 16 mg in sodium chloride 0.9% 50 mL IVPB**

Dose: --

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

**Ingredients:**

**Name**

**Type**

**Dose**

**Selected**

**Adds Vol.**

ONDANSETRON  
HCL (PF) 4 MG/2  
ML INJECTION  
SOLUTION

Medications

16 mg

Yes

No

DEXAMETHASONE  
4 MG/ML  
INJECTION  
SOLUTION

Medications

12 mg

No

No

SODIUM  
CHLORIDE 0.9 %  
INTRAVENOUS

Base

50 mL

Always

Yes

SOLUTION  
 DEXTROSE 5 % IN Base No Yes  
 WATER (D5W)  
 INTRAVENOUS  
 SOLUTION

**ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg Route: oral once for 1 dose  
 Start: S

**dexamethasone (DECADRON) tablet 12 mg**

Dose: 12 mg Route: oral once for 1 dose  
 Start: S

**aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB**

Dose: 130 mg Route: intravenous once over 30 Minutes for 1 dose  
 Start: S End: S

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	APREPITANT 7.2 MG/ML	Medications	130 mg	Main Ingredient	Yes
	INTRAVENOUS EMULSION DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC)	Base	130 mL	Yes	Yes
	SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)	Base	130 mL	No	Yes

Chemotherapy

**vinCRiStine (ONCOVIN) 1.5 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 1.5 mg/m2 Route: intravenous once over 15 Minutes for 1 dose  
 Offset: 30 Minutes

Instructions:

DRUG IS A VESICANT. FATAL IF GIVEN INTRATHECALLY. Maximum dose = 2 mg.

Rule-Based Template: RULE ONCBCN

VINCRIStINE 1.5 MG/M2

Conditions:

BSA < 1.33 m2  
 BSA >= 1.33 m2

Modifications:

Set dose to 1.5 mg/m2  
 Set dose to 2 mg

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	VINCRIStINE 1 MG/ML	Medications	1.5 mg/m2	Main Ingredient	Yes
	INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes

Chemotherapy

**DAUNORubicin (CERUBIDINE) 25 mg/m2 in sodium chloride 0.9 % 100 mL chemo IVPB**

Dose: 25 mg/m2 Route: intravenous once over 15 Minutes for 1 dose  
 Offset: 45 Minutes

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	DAUNORUBICIN 20 MG INTRAVENOUS	Medications	25 mg/m2	Main Ingredient	Yes

SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	100 mL	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base	100 mL	No	Yes

**Day 29**

Perform every 1 day x1

Provider Communication

**ONC PROVIDER COMMUNICATION 30**

Interval: Once

Occurrences: --

Comments:

Bone marrow biopsy and aspirate specimen must be obtained for all patients on Day 15 to assess initial response and on Day 29 to assess induction response and minimal residual disease.

Provider Ordering Guidelines

**ONC PROVIDER COMMUNICATION 15**

Interval: Once

Occurrences: --

Comments:

If IT chemotherapy is to be administered by IR (interventional radiology) then please place a "Lumbar Puncture by Radiology" order panel under Meds & Orders.

If IT chemotherapy will be administered in clinic via Ommaya reservoir then you do NOT need a Lumbar Puncture order.

Intrathecal Injections

**methotrexate PF 15 mg in sodium chloride  
0.9% 5 mL chemo PF INTRATHECAL injection**

Dose: 15 mg

Route: intrathecal

once over 5 Minutes for 1 dose

Start: S

End: S

**Ingredients:**

<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Medications	15 mg	Main Ingredient	Yes
SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	QS Base	4.4 mL	Yes	Yes