



Provincial Health Services Authority

Vancouver Cancer Centre

**PROTOCOL CODE: LYASPMEDX
(Inpatient)**

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

DAY	START DATE	CHEMOTHERAPY
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1	_____	methotrexate 3 g/m ² IV dexamethasone 40 mg PO
2	_____	dexamethasone 40 mg PO leucovorin 25 mg IV q6h x 4 doses, 24 hours post methotrexate initiation, followed by leucovorin 25 mg PO q6h until methotrexate level less than 0.1 micromol/L pegaspargase 2500 units/m ² IV or IM
3	_____	dexamethasone 40 mg PO leucovorin 25 mg PO q6h until methotrexate level less than 0.1 micromol/L
4	_____	dexamethasone 40 mg PO leucovorin 25 mg PO q6h until methotrexate level less than 0.1 micromol/L



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DOCTOR'S ORDERS

Ht.....cm Wt.....kg BSA.....m²

ALLERGY/ALERT: Reminder to Physicians:

Please ensure drug allergies and previous Bleomycin are documented on the Allergy and Alert Form.

Date/Time: To be given: Cycle #: _____ of _____

Admit to inpatient bed

Daily weights, intake / output

EBV DNA load

LABORATORY:

HbsAg and Hbcore Ab if not previously done

On day of admission:

CBC & diff, creatinine, sodium, potassium, phosphate, albumin, bilirubin (direct and indirect), ALT, alkaline phosphatase, GGT, LDH, urine pH, triglycerides, amylase, lipase, random glucose, uric acid

Daily: CBC and diff, platelets, creatinine, electrolytes panel

If clinically indicated: HBV viral load

For methotrexate

Urine pH immediately before treatment and every 6 hours during treatment

At hour 48 (from start of methotrexate infusion) **or morning of day 3, then daily q am:** methotrexate levels (until methotrexate less than 0.1 micromol/L (note date and time of withdrawal as well as start time of infusion on specimen)

Before pegaspargase dose:

INR, PT, PTT, fibrinogen

- If fibrinogen less than 1g/L, give 10 units of cryoprecipitate. Complete transfusion medicine PPO

Note: One staff Physician signature is required. Orders written by other providers MUST be cosigned.

Signatures

UC:

RN:

Doctor 1 Signature:

Doctor 2 Signature:



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DOCTOR'S ORDERS

Date: _____ **To be given:** _____ **Cycle #:** _____

SUPPORTIVE MEDICATIONS:

cotrimoxazole DS 1 tablet PO three times a week. NB: discontinue cotrimoxazole DS 48 hours before beginning chemotherapy and resume when the plasma methotrexate level is, or is projected to be less than 0.1 micromol/L

valACYclovir 500 mg PO daily **OR** acyclovir 200mg PO three times daily (*select one*) throughout treatment and for 4 weeks after discontinuation

PREMEDICATIONS:

ondansetron 8 mg PO/IV before methotrexate on Day 1

prochlorperazine 10 mg PO after methotrexate infusion completed and then 10 mg PO q4h PRN

DAY 1 TREATMENT

START ALKALINIZING REGIMEN 4 TO 12 HOURS PRIOR TO METHOTREXATE:

- Discontinue all other IV hydration before starting alkalinizing regimen.
- IV D5W with potassium chloride 20 mEq/L and sodium bicarbonate 150 mEq/L at 125 mL/h for at least 4 hours prior to methotrexate until urine pH is greater than 7. Hydration may be temporarily held during methotrexate infusion (per physician/nursing discretion). Continue hydration post-methotrexate infusion until methotrexate level is less than 0.1 micromol/L.
- Check urine pH before starting methotrexate. If pH less than 7, continue alkalinizing regimen until urine pH greater than 7 before starting methotrexate.

CHEMOTHERAPY:

Day 1, i.e., _____ (physician to complete date)

methotrexate 3 g/m² x BSA = _____ **g** IV in 1000 mL NS over 6 hours on **Day 1**

dexamethasone 40 mg PO daily, given 30 min before chemotherapy on **Day 1**

POSTHYDRATION:

See Alkalinizing Regimen above

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Signatures
UC:

RN:

Doctor 1 Signature: _____

Doctor 2 Signature: _____



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DOCTOR'S ORDERS		
Date:	To be given:	Cycle #:
Have Hypersensitivity Reaction Tray and Protocol Available		
<p><u>TREATMENT (continued):</u></p> <p>Premedications prior to pegaspargase on Day 2:</p> <ul style="list-style-type: none"> • acetaminophen 650mg PO • diphenhydrAMINE 25 to 50 mg <input type="checkbox"/> PO or <input type="checkbox"/> IV (select one) • hydrocortisone 100 mg IV <p>CHEMOTHERAPY:</p> <p>Day 2 to Day 4 _____ to _____ (physician to complete dates)</p> <p>pegaspargase 2500 units/m² X BSA = _____ units <input type="checkbox"/> IV in 100 mL NS over 1 hour or <input type="checkbox"/> IM (select one) on Day 2 <u>ONLY</u></p> <p>Note: for IM administration: volumes greater than 2 mL should be administered in 2 separate sites to reduce pain</p> <p>Monitor BP and vitals during pegaspargase administration; observe for 1 hour after end of administration</p> <p>dexamethasone 40 mg PO daily in the morning on Day 2 to 4</p> <p>24 hours after start of Methotrexate infusion begin Leucovorin 25 mg IV q 6h x 4 doses, then Leucovorin 25 mg PO q6h until Methotrexate level less than 0.1 micromol/L.</p> <p>filgrastim (GCSF) to start on _____ (Day 6) Complete filgrastim pre-printed order form - continue filgrastim until ANC recovery 1 x 10⁹/L past the nadir</p>		
<p>Return Appointment Orders</p> <p><input type="checkbox"/> Readmit in 3 weeks for cycle _____</p> <p><input type="checkbox"/> Last cycle. Return in _____ week(s)</p>		
<p>Note: One staff Physician signature is required. Orders written by other providers MUST be cosigned.</p>		<p>Signatures</p> <p>UC:</p> <p>RN:</p>
<p>Doctor 1 Signature:</p>	<p>Doctor 2 Signature:</p>	