Vancouver Cancer Centre

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.

PROTOCOL CODE : LYHDMTXPRO

DOCTOR'S ORDERS

Ht ________cm Wt ________kg BSA________m^2

ALLERGY/ALERT: Reminder to Physicians: *Please ensure drug allergies and previous bleomycin are documented on the Allergy and Alert Form.*

DATE : **To be given :** **Cycle #**

Admit to inpatient bed DAT, AAT, VSR, ECOG	
CBC & diff, creatinine, electrolytes panel, total bilirubin, ALT, alkaline phosphatase, LDH, urine pH, CXR	
☐ HBsAg and HBcore Ab if not previously done	
Calculate creatinine clearance (see protocol summary)	
Daily creatinine, electrolytes panel.	
☐ If clinically indicated: HBV viral load	
☐ If clinically indicated post methotrexate: daily ALT, bilirubin, alkaline phosphatase, LDH, GGT	
At hour 48 (from start of methotrexate infusion) **or morning of day 3, then daily q am**: methotrexate levels (until level less than 0.1 micromol/L; note date and time of withdrawal as well as start time of infusion on specimen MD to be notified of all results immediately	
Daily weights, intake / output	
Administer Folstein Mini Mental Status Exam (MMSE) at 1st treatment and at final treatment and record results in admission/discharge summary	
START ALKALINISING REGIMEN 4 TO 12 HOURS PRIOR TO METHOTREXATE:	
Discontinue all other IV hydration before starting alkalinizing regimen. Start 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.	
PREMEDICATIONS:	
ondansetron 8 mg PO/IV immediately before methotrexate infusion. **prochlorperazine** 10 mg PO once after methotrexate infusion completed.	
PRN: prochlorperazine 10 mg PO q4h prn thereafter.	
CHEMOTHERAPY:	
Check urine pH prior to starting Methotrexate	
If urine pH less than 7, continue alkalinising regimen until pH greater than 7	
If urine pH greater than or equal to 7 **methotrexate 3.5 g/m² x BSA** (x____%) = ____ g IV in 1000 mL NS over 4 hours.	
Measure urine pH q6h. If pH less than 7, notify MD	
24 hours after **start** of methotrexate infusion begin **leucovorin** 25 mg IV q 6h x 4 doses, then **leucovorin** 25 mg PO q6h for three days OR until methotrexate level less than 0.1 micromol/L.	
leucovorin dose may need to be adjusted upwards depending on methotrexate level. See protocol summary for details.	
POSTHYDRATION:	
See **Alkalinizing Regimen** above	
Check one: ☐ Readmit in _____ weeks for cycle _____	
☐ Final Treatment. RTC in ____ weeks.	
Note: One staff Physician signature is required. Orders written by other providers MUST be co-signed. **Doctor 1 Signature:** **Doctor 2 Signature:**	**Signatures** **UC:** **RN:**

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Protocol Code: LYHDMTXPRO

DOCTOR'S ORDERS	
REMINDER: **Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form**	
Date: **To be given:** **Cycle #:**	
Date of LYHDMTXPRO Chemotherapy	
TREATMENT: **leucovorin 25 mg PO q6h x .... doses** **NOTE:** leucovorin to be continued until methotrexate level is less than 0.1 micromoL/L. RN or Pharmacist to instruct patient on exact dosing times. leucovorin is a BC Cancer Benefit Drug – this prescription should be filled at a BC Cancer Outpatient Pharmacy.	
TESTS: Physician to order methotrexate Level in a.m. daily if needed	
Doctor's Signature:	**Signature** **UC:**

BC CANCER
Provincial Health Services Authority

MEDICATION ADMINISTRATION RECORD
Protocol: LYHDMTXPRO
DRUG ALLERGIES:____________________ _______

TIME OF DAY

MEDICATION	Night Check	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
DATE ORDERED																										
Pre-Chemo ondansetron 8 mg PO/IV just before starting methotrexate																										
UC: RN:																										

MEDICATION	Night Check	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
DATE ORDERED																										
Check Urine pH prior to starting methotrexate and q6h																										
UC: RN:																										

MEDICATION	Night Check	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
DATE ORDERED																										
methotrexate ______g IV in 1000 mL NS over 4 hrs																										
UC: RN:																										

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MEDICATION ADMINISTRATION RECORD
Protocol: LYHDMTXPRO
DRUG ALLERGIES:______________________________

TIME OF DAY

MEDICATION	Night Check	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
DATE ORDERED																										
Post methotrexate **prochlorperazine** 10 mg PO once after methotrexate infusion complete																										
UC: RN:																										

MEDICATION	Night Check	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
DATE ORDERED																										
24 hrs after start of a infusion, start **leucovorin** 25 mg IV q6h x 4 doses then:																										
UC: RN:																										

MEDICATION	Night Check	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
DATE ORDERED																										
leucovorin 25 mg PO q6h x 3 days or until methotrexate Level less than 0.1 micromol/L																										
UC: RN:																										

BC CANCER
Provincial Health Services Authority

MEDICATION ADMINISTRATION RECORD

Protocol: LYHDMTXPRO PRN MEDICATIONS

DRUG ALLERGIES:______________________________

TIME OF DAY

MEDICATION	Night Check	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
DATE ORDERED																										
prochlorperazine 10 mg PO q4h PRN																										
UC: RN:																										

MEDICATION	Night Check	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
DATE ORDERED																										
UC: RN:																										