DATE TO BE GIVEN: ___________ CYCLE: ___________ REGIMEN/PROTOCOL: Cytarabine-Idarubicin (7+3)

PRIMARY DIAGNOSIS:  □ Acute Myeloid Leukemia – Induction  □ Other*: __________________________________________

* When selecting other diagnosis please provide protocol

**PHYSICIAN ORDERS**

CHEMOTHERAPY:

Cytarabine-Idarubicin (7+3)

**PATIENT INFORMATION**

**DATE TO BE GIVEN: ___ CYCLE: ___ REGIMEN/PROTOCOL: Cytarabine-Idarubicin (7+3)**

**PRIMARY DIAGNOSIS:**

- □ Acute Myeloid Leukemia – Induction
- □ Other: ________________________________________________

* When selecting other diagnosis please provide protocol

**ALLERGIES/REACTIONS:**

Goal of Chemotherapy:  □ Curative  □ Palliative  □ Neoadjuvant  □ Adjuvant

MD to indicate which weight to use:  □ Actual  □ Ideal  □ Adjusted

<table>
<thead>
<tr>
<th>HEIGHT (cm):</th>
<th>ACTUAL WEIGHT (kg): and BSA (m²):</th>
<th>IDEAL WEIGHT (kg): and BSA (m²):</th>
<th>ADJUSTED WEIGHT (kg): and BSA (m²):</th>
</tr>
</thead>
</table>

| Dosing calculations to be completed by Pharmacist: |

<table>
<thead>
<tr>
<th>CHEMOTHERAPY MEDICATION ORDERS</th>
<th>DOSE (mg/m²)</th>
<th>BSA (m²)</th>
<th>DOSE TO BE GIVEN</th>
<th>ROUTE</th>
<th>INFUSE OVER</th>
<th>DATE(S) AND FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>In order of administration:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Idarubicin**

- 12 mg/m² X = IV 15 minutes Days 1 – 3

**Cytarabine**

- □ 200 mg/m²/day
- □ 100 mg/m²/day

X = IV 24 hours Days 1 – 7

**CONTINUOUS IV CHEMOTHERAPY:** MAY INCREASE RATE BY _____ TO KEEP WITHIN 24 HOUR DOSE.

PATIENT MAY BE OFF CONTINUOUS IV CHEMOTHERAPY NO LONGER THAN 30 MINUTES/24 HOURS

<table>
<thead>
<tr>
<th>HYDRATION ORDERS</th>
<th>HYDRATION SOLUTION</th>
<th>ADDITIVES</th>
<th>RATE</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE CHEMOTHERAPY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DURING CHEMOTHERAPY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AFTER CHEMOTHERAPY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HOLD CHEMOTHERAPY FOR THE FOLLOWING REASONS:**

- Absolute Neutrophil Count (ANC) Less Than __________ (typically less than 1,000)
- Platelets Less Than __________ (typically less than 100,000)
- Other: ____________________________________________

**Physician Initial** ______________________

Franciscan Health System
St. Joseph Medical Center, Tacoma, WA
St. Francis Hospital, Federal Way, WA
St. Clare Hospital, Lakewood, WA
St. Elizabeth Hospital, Enumclaw, WA
St. Anthony Hospital, Gig Harbor, WA

**PHYSICIAN ORDERS**

**CHEMOTHERAPY:**

**CYTARABINE-IDARUBICIN (7+3)**
## PHARMACY TO MANAGE ANTIEMETICS

<table>
<thead>
<tr>
<th>ANTIEMETIC ORDERS/DRUG NAME</th>
<th>DOSE</th>
<th>ROUTE</th>
<th>TIMING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ondansetron</td>
<td>☐ 16 mg, ☐ 24 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo (Days 1-3)</td>
</tr>
<tr>
<td>Dexamethasone</td>
<td>12 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo (Days 1-7)</td>
</tr>
<tr>
<td>Fosaprepitant + Dexamethasone (optional)</td>
<td>150 mg</td>
<td>IV</td>
<td>30 minutes pre-chemo (Day 1)</td>
</tr>
<tr>
<td></td>
<td>12 mg</td>
<td>PO</td>
<td>THEN 30 minutes pre-chemo (Day 1)</td>
</tr>
<tr>
<td></td>
<td>8 mg</td>
<td></td>
<td>Daily (Days 2-7)</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>0.5-1 mg</td>
<td>PO</td>
<td>30 minutes pre-chemo times 1 dose PRN anxiety</td>
</tr>
</tbody>
</table>

### PRN ANTIEMETICS (FOR INPATIENT USE)

**NOTE:** Number the antiemetics below in the order to be used. The nurse will select #1 as the first medication to be given and may alternate #2. If orders chosen are not numbered, the nurse will contact the prescriber for clarification.

- **Lorazepam**
  - 0.5-1 mg IV Every 4 hours PRN nausea/vomiting/anxiety
- **Promethazine**
  - 12.5-25 mg or 6.25-12.5 mg** IV Every 4 hours PRN nausea/vomiting

**Outpatient Prescription(s):** *(for outpatients or early discharge)*

**For patients greater than 65 years old

### TESTS:

- ☐ MUGA Scan
- ☐ ECG
- Other: __________________________

### LABS – NOW:

- ☐ CBC ☐ BMP ☐ CMP Other: __________________________
- ☐ URINE OUTPUT: If urine output is less than __________ give __________________ times __________ days
- ☐ Nurse May Initiate CVAD Management Per Nursing Protocol #910.00
- ☐ Nurse May Utilize Local Anesthetic For CVAD Access Per Nursing Protocol #788
- ☐ For Infusion Reactions Initiate Drug Related Hypersensitivity Physician Order #774

### MEDICATIONS:

- ☐ Allopurinol 300 mg PO daily
- Other: __________________________

**NOTE:** These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated and signed below.

- DATE: ____________________________ TIME: ____________________________ PHARMACIST’S SIGNATURE: ____________________________

- DATE: ____________________________ TIME: ____________________________ PHYSICIAN’S SIGNATURE: ____________________________

- DATE: ____________________________ TIME: ____________________________

Another brand of drug, identical in form and content, may be dispensed unless checked. ☐