1. ALLERGIES/REACTIONS:

2. CONTRAINDICATIONS:
   - Known G6PD deficiency (Possible High Risk: African American, Southeast Asian and Mediterranean ancestry)
   - Pregnancy and Lactating

3. BASELINE LABS:
   - CBC
   - TPN-10
   - Uric acid
   - LDH

4. INTRAVENOUS FLUIDS: (Recommended 2-3L/m²/day)
Caution: Hemodialysis, Renal Failure, Heart Failure, Volume Overload, Pulmonary Edema
   - Hydration per Pharmacy
   - IV: __________ at __________ ml/hour

5. RASBURICASE (ELITEK) ASSESSMENT FOR PROPHYLAXIS DOSING:
Use the table to evaluate the patient for Tumor Lysis Syndrome risk for rasburicase (Elitek) prophylaxis dosing

Check appropriate Patient Characteristics for each item

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>☐ High</th>
<th>☐ Intermediate</th>
<th>☐ Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDH Level</td>
<td>☐ LDH greater than or equal to 2 x ULN</td>
<td>☐ 7.5 -10 mg/dL Must be elevated to receive rasburicase (Elitek) for intermediate risk</td>
<td>☐ Less than 7.5 mg/dL</td>
</tr>
<tr>
<td>Uric Acid Level</td>
<td>☐ Greater than or equal to 10 mg/dL</td>
<td>☐ Less than 7.5 mg/dL</td>
<td></td>
</tr>
<tr>
<td>Renal Function</td>
<td>☐ CrCl Less than 30 ml/minute or contraindication for hydration</td>
<td>☐ CrCl 30-50 ml/minute</td>
<td>☐ CrCl Greater than 50 ml/minute</td>
</tr>
</tbody>
</table>

Malignancy Characteristics
Determine dose based on risk

<table>
<thead>
<tr>
<th>☐ NHL</th>
<th>☐ ALL</th>
<th>☐ AML</th>
<th>☐ CLL</th>
</tr>
</thead>
</table>
| 1. Burkitt’s ALL Stage III & IV
2. Lymphoblastic lymphoma | 1. ALL WBC greater than 100,000 | 1. AML WBC greater than 50,000 or monoblastic | 1. CLL WBC 10,000-100,000 treated with fludarabine
2. Accelerated blast crisis |

Other Hematologic Malignancies: CML, MM; Solid Tumors: SCLC

<table>
<thead>
<tr>
<th>☐ High</th>
<th>☐ Intermediate</th>
<th>☐ Low</th>
</tr>
</thead>
</table>
| Large tumor burden | Expected high response rate with rapid proliferation | 1. Remainder of patients
2. Slow proliferation |

ALL: Acute Lymphoblastic Leukemia; AML: Acute Myeloid Leukemia; CLL: Chronic Lymphocytic Leukemia; CML: Chronic Myeloid Leukemia; DLBCL: Diffuse Large B-Cell Lymphoma; LL: Lymphoblastic Lymphoma; MM: Multiple Myeloma; NHL: Non-Hodgkin’s Lymphoma; SCLC: Small Cell Lung Cancer; ULN: Upper Limits of Normal

Physician Initial: _______________________

Page 1 of 2

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
RASBURICASE (ELITEK) FOR TUMOR LYSIS SYNDROME
6. **RASBURICASE (ELITEK) AND ALLOPURINOL DOSING FOR PROPHYLAXIS BASED ON RISK:**
   - **High** Risk Category
     - Rasburicase (Elitek) 6 mg IV times 1 dose
     - *Allopurinol 600 mg times 1 dose THEN 300 mg PO daily
   - **Intermediate** Risk Category (Uric Acid greater than or equal to 7.5 mg/dL)
     - Rasburicase (Elitek) 3 mg IV times 1 dose
     - *Allopurinol 600 mg times 1 dose THEN 300 mg PO daily
   - **Intermediate** Risk Category (Uric Acid less than 7.5 mg/dL)
     - *Allopurinol 600 mg PO times 1 dose THEN 300 mg PO daily
   - **Low** Risk Category
     - *Allopurinol 600 mg PO times 1 dose THEN 300 mg PO daily
   * Do not renally adjust allopurinol

7. **LAB MONITORING AFTER RASBURICASE (ELITEK) PROPHYLAXIS:**
   - **High** Risk Category
     - Draw uric acid 4 hours post dose if waiting to administer chemotherapy. If post dose uric acid greater than or equal to 10 mg/dL, call pharmacy to evaluate.
     - Draw uric acid 4 hours post second dose
     - Draw uric acid daily with AM labs
   - **Intermediate** and **Low** Risk Categories
     - Draw uric acid levels daily with AM labs

8. **RASBURICASE (ELITEK) FOR TREATMENT:**
   - **Indications:** (must have two)
     - Uric acid greater than or equal to 25% increase from baseline
     - Potassium greater than or equal to 6 mmol/L
     - Phosphorous greater than or equal to 6.5 mg/L
     - Calcium less than or equal to 7 mg/L
   - **Rasburicase Dosing:**
     - Uric acid greater than or equal to 10 mg/dL: Rasburicase (Elitek) 6 mg IV times 1 dose
     - Uric acid less than 10 mg/dL: Rasburicase (Elitek) 3 mg IV times 1 dose
   - **Other Medication:**
     - Allopurinol 600 mg PO times 1 dose THEN 300 mg PO daily
     - Do not renally adjust allopurinol
   - **Electrolyte Management:**
     - Transition to cardiac monitoring if potassium greater than 6.5 mmol/L and/or calcium less than 7 mg/L
     - Stop all oral and parenteral potassium, phosphate, and calcium

9. **LAB MONITORING AFTER RASBURICASE (ELITEK) TREATMENT:**
   - **Note:** Collect uric acid blood samples in a pre-chilled, heparinized tube. Immediately place sample into an ice bath and send to the laboratory; keep chilled and process within 4 hours of collecting the sample.
   - Repeat TPN-10, LDH and uric acid every 4 hours times 24 hours

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

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>PHYSICIAN'S SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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

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905
Revision A

**PHYSICIAN ORDERS**

RASBURICASE (ELITEK) FOR TUMOR LYSIS SYNDROME