

## Regimen Reference Order – LEUK – cytarabine HIDAC 9

ARIA: LEUK - [cytarabine HIDAC 9 (AML)]

Planned Course: 3 Cycles (1 cycle = 28 days)

Indication for Use: Consolidation, Acute Myeloid Leukemia

CVAD: At Provider's Discretion

***Proceed with treatment if:***

***ANC equal to or greater than  $1.5 \times 10^9/L$  AND Platelets equal to or greater than  $50 \times 10^9/L$***

**❖ Contact Leukemia/BMT (L/BMT) Physician if parameters not met**

### SEQUENCE OF MEDICATION ADMINISTRATION

#### Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

#### Treatment Regimen – LEUK – cytarabine HIDAC 9

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
<b>Days 1, 2 and 3</b>		
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
cytarabine	$3000 \text{ mg/m}^2$	IV in normal saline 500 mL over 3 hours

In the event of an infusion-related hypersensitivity reaction, refer to the 'Hypersensitivity Reaction Standing Order'

### REQUIRED MONITORING

All Cycles

- Handwriting protocol during cytarabine therapy
- Complete nursing assessment prior to each dose of chemotherapy

**Leukemia Consolidations instructions**

- Transfuse 2 units packed red blood cells each over 1 to 3 hours as tolerated for hemoglobin less than 80 g/L
- Transfuse 1 adult dose platelets over 1 hour for platelet count less than  $10 \times 10^9/L$  or if platelet count less than  $50 \times 10^9/L$  and patient is bleeding
- Day 1 blood work – CBC with differential, serum creatinine, urea, Na, K, Cl, CO<sub>2</sub>, glucose, Ca, Phos, Mg, total bilirubin, protein, albumin, uric acid, AST, ALT, ALP, GGT and LDH
- Day 8 and onwards blood work – Daily CBC with differential, serum creatinine, urea, Na, K, Cl, CO<sub>2</sub> and glucose until counts recover. On Monday and Thursday add Ca, Phos, Mg, total bilirubin, protein, albumin, uric acid, AST, ALT, ALP, GGT and LDH until counts recover
- Type and screen: Monday and Thursday
- If serum creatinine doubles from pre-treatment level, 24-hour urine for creatinine clearance and urinalysis every Monday
- Notify physician if patient experiences a single oral temperature of equal to or greater than 38.3°C or greater than 38°C lasting at least one hour; follow Febrile Neutropenia (FNE) protocol

**Special Instructions**

1. These orders are to be used only for leukemia patients
2. Book 4-hour treatment slot for potential transfusion of blood products / supportive therapy on chemotherapy Days 8 through 20
3. Document blood products on Cumulative Blood Product Administration Assessment Record

**Febrile Neutropenia Instructions**

1. Blood cultures:
  - a) Draw 10 mL aliquot of blood for aerobic cultures from each lumen of the central line plus one peripheral site and one 10 mL aliquot for anaerobic cultures from same peripheral site,
  - OR
  - b) If an indwelling central line is not in situ, draw 20 mL aliquot of blood for aerobic and anaerobic cultures (10 mL into each) from one peripheral site and one 10 mL aliquot for aerobic cultures from a second peripheral site
2. Stat complete blood count (CBC) and differential
3. Serum Na, K, Cl, total CO<sub>2</sub>, serum creatinine, urea, glucose, total bilirubin, AST, ALT, ALP, GGT and LDH
4. Chest X-ray (PA and lateral views)
5. Panorex/sinus X-rays/abdominal X-rays where appropriate symptoms and signs indicate a focus
6. Swab of any lesion or site of potential infection for C&S, fungal and viral cultures as indicated
7. Midstream urine (MSU) for C&S
8. Stool for Clostridium difficile toxin, enteric pathogens (C&S) and enteric virus detection where appropriate if patient has diarrhea
9. Skin biopsies or skin scrapings where indicated
10. Consult primary hematologist/oncologist

**Nursing history and physical assessment to include:**

- a. Day of most recent cycle of cytotoxic therapy
- b. Day of cycle on which FNE occurred
- c. Concurrent antimicrobial therapy
- d. Potential site of infection - respiratory tract (upper including sinuses, ears and nasopharynx & lower including lungs, trachea, bronchi and pleural spaces)
- e. Skin (central line, biopsy sites and rashes)
- f. Gastrointestinal tract (oropharynx and esophagus - including dysphagia and odynophagia; abdomen - bowel sounds and tenderness; perirectal tissues)
- g. Genitourinary
- h. CNS

### Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
filgrastim (brand name specific)	5 mcg/kg (rounded to nearest 300 mcg or 480 mcg)	Subcutaneous once daily for 5 days starting on Day 8
allopurinol*	300 mg	Orally once daily on Days 1 to 10 inclusive <i>*ONLY FOR PATIENTS WITH ELEVATED SERUM URIC ACID</i>
ciprofloxacin	500 mg	Orally every 12 hours starting Day 1 <i>Given until ANC greater than <math>0.5 \times 10^9/L</math> for 2 consecutive days</i>
valACYclovir	500 mg	Orally every 12 hours starting Day 1 <i>Given until ANC greater than <math>0.5 \times 10^9/L</math> for 2 consecutive days</i>
prednisoLONE 1% eye drops	2 drops	Instill 2 drops into each eye every 4 hours while awake beginning the morning that cytarabine starts and continue until 48 hours after the last dose of cytarabine
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

### DISCHARGE INSTRUCTIONS

- Remind patient to take support medications at home
- cytarabine can cause conjunctivitis. Remind patient to instill prednisoLONE eye drops until 48 hours after the last dose of cytarabine. If patient continues to have signs and symptoms of conjunctivitis, then please contact prescribing hematologist for further instructions
- Reinforce safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

### ADDITIONAL INFORMATION

- cytarabine can cause mental confusion
- Complete nursing assessment prior to each dose of chemotherapy
- Pharmacare application to be completed
- Consider adjusting cytarabine dose for renal dysfunction