Idarubicin and Cytarabine: Induction Chemotherapy for Acute Myeloid Leukemia

Contact Physician: __________________________ Pager: __________

Diagnosis: ______________________________________

Weight: _______ Height: _______ BSA: _______

Adjusted IBW: _____ Adjusted BSA: _____ Consent done ☐

Allergies: ______________________________________

<table>
<thead>
<tr>
<th>Idarubicin</th>
<th>12 mg/m²/day IV push daily, days 1-3</th>
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</thead>
<tbody>
<tr>
<td>Cytarabine</td>
<td>100 mg/m²/day CIVI over 24 hours for 7 days, days 1-7</td>
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1 Hydration:

2 Prophylactic medications: (check the appropriate medications)
   - [ ] Allopurinol: 300mg PO daily for 7 days.
   - [ ] Acyclovir: 400mg PO twice daily
   - [ ] Antifungal: Posaconazole 200mg PO three times daily starting on Day 4
   - [ ] GI prophylaxis:

3 Anti-emetics: Moderate Risk Emetogenic Protocol (check appropriate medications)
   - [ ] Ondansetron: 16mg PO every 12 hours on day 1,2,&3 (total 6 doses), then 8 mg PO twice daily days 4-7. First dose prior to chemotherapy. May give IV if unable to tolerate PO
   - [ ] Dexamethasone: 10mg PO daily for 3 days on day 1,2,&3. First dose prior to chemotherapy.
   - [ ] Lorazepam: 0.5-1mg PO or IV every 4 hours prn nausea
   - [ ] Prochlorperazine 10mg PO every 6 hours prn nausea
4 Chemotherapy

- **Idarubicin** (12 mg/m²/day) __________ mg IV daily, days 1-3. Give IV push over 10-15 minutes.
- **Cytarabine** (100mg/m²/day) __________ mg in Sodium Chloride 0.9% 500mL continuous IV infusion over 24 hours for 7 days, days 1-7.

5. Nursing

Monitor for cerebellar toxicity with neuro checks every 8 hours and prn. For any symptoms of toxicity, hold cytarabine and contact Hematology fellow or staff on call. (Low risk for neurotoxicity with low dose cytarabine.)

Signed: ____________________________________ Pager: ________________


**Recommended Dose Adjustments:**

For total bilirubin $>2.5$ decrease idarubicin by 50%
For total bilirubin $\geq 5$ omit idarubicin