

CALGB - High dose Cytarabine for AML consolidation.

Contact Physician: _____ **Pager:** _____

Diagnosis: _____

Cycle: _____ **Day:** _____ **Doses:** _____

Weight: _____ **Height:** _____ **BSA:** _____

Adjusted IBW: _____ **Adjusted BSA:** _____

Allergies: _____

Consent form done

<p>Cytarabine 3 grams/m² IV over 3 hours every 12 hours on Day 1,3,5 (total 6 doses).</p>

1. Labs:

2. Hydration: Sodium chloride 0.9% IV as needed with cytarabine.

3. Prophylactic medications: (check the appropriate medications)

- Acyclovir: 400mg PO twice daily
- Antifungal:
- Prednisolone 1% eye drops: one drop in each eye four times daily, throughout consolidation cycle (days 1-5). Provide eye drops for first admission (doses 1&2). Patient may continue to use this bottle for remainder of therapy.
- Pyridoxine 100 mg PO prior to each dose of cytarabine.
- GI prophylaxis:

4. Anti-emetics: Moderate risk emetogenic protocol (check appropriate medications)

- Ondansetron 16mg PO every 12 hours prior to each dose of cytarabine on Day 1,3,&5. May administer IV if unable to tolerate PO.
- Dexamethasone: 8 mg PO prior to first dose of cytarabine on Day 1, 3, and 5. May administer IV if unable to tolerate PO.
- Lorazepam: 0.5mg - 1 mg PO or IV every 4 hours prn nausea
- Prochlorperazine 10mg PO every 6 hours as needed nausea

5. Chemotherapy:

Cytarabine: (3 grams/m²) _____ grams in Sodium Chloride 0.9% 250mL IV over 3 hours every 12 hours on Day 1____, 3____, and 5_____.

- Dose #1&2: **Cytarabine** _____ grams IV over 3 hours every 12 hours for a total of 2 doses.
- Doses #3&4: **Cytarabine** _____ grams IV over 3 hours every 12 hours for a total of 2 doses.
- Doses #5&6: **Cytarabine** _____ grams IV over 3 hours every 12 hours for a total of 2 doses.

- **Nursing:** Monitor for cerebellar toxicity with neuro checks prior to each dose of cytarabine. For any concerns of toxicity, hold dose and contact Hematology fellow or staff MD on call.

6. Follow-up: After completion of dose #6; WBC, diff, Hgb, plt to be checked every Monday and Thursday until recovery of counts. If done at outside lab, fax results to (608) 266-6020.

Signed: _____ Pager: _____

Reference: New England J of Medicine 331 (14): 896-903, 1994

- Consider dose reduction to 1.5gram/m² for patients who have 2 of 3 criteria: Age>40; serum creatinine \geq 1.2; and 3 fold increase alkaline phosphatase
- Dose reduction to 1gram/m² or 1.5gm/m² for all patients > 60 years of age

