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  ☐

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

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