

HyperCVAD

REVISED August 2015

Course 2, page 1 of 3
 J Clin Onc 1999; 17:2461-2470

Date written _____ To begin _____

Patient's: Height _____ cm Weight _____ kg BSA _____ m ² Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ Diagnosis _____ Metastatic Site _____

Protocol: <input type="checkbox"/> Yes # _____ <input type="checkbox"/> No Source of Drug: <input type="checkbox"/> Routine supply <input type="checkbox"/> Protocol supply <input type="checkbox"/> Other
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- Laboratory Studies: On admission, CBC with diff, CMP, uric acid
- Consent Obtained ?
 yes Preprinted Consent
- ACTIVATE ORDER SET: CHEMO HYPER CVAD COURSE 2 ADULT**
- Premedications:

Hydration: 1/2NS with 100 mEq NaHCO₃/Liter. Give 1000 ml over one hour and then 150 mls/hr until discharge
 Hourly I and O's
 Send urine pH 4 hours after initiation of IV fluids
 And Check urine pH every 2 hours
 Once urine pH >7 and urine output >100 mls/hour for 4 hours, begin chemotherapy.
 If these parameters are not met within 6 hours of beginning hydration, call coverage for modification of plan
 AM weights on all patients, call care provider if weight increases by >1kg/day.

Urine pH must be maintained at greater than 7 throughout the course of treatment Call coverage anytime the urine pH decreases to 7 or less.

Antiemetics: Prochlorperazine 10 mg po q4h prn nausea/vomiting
 Prochlorperazine 10 mg IV q4h prn nausea/vomiting if not tolerating po meds
 Other: Prednisolone 1% eyedrops, 2 drops to each eye QID days 2-7
 Allopurinol 300 mg po daily

- Safety check:**
1. Creatinine clearance >60? _____yes _____no (Many recommend not using high dose methotrexate if creatinine clearance is <60.)
 2. Avoid drugs which decrease methotrexate clearance (Probenecid, penicillins, cephalosporins, ASA, NSAIDS)
 3. Any fluid collections? Ascites? Pleural effusions? _____yes _____no (drain prior to therapy)

Call fellow or attending with admission lab for final clearance and order to proceed with chemotherapy

Preparer's Signature _____ Date _____

Attending's Signature	Printed name	Pager number	Date	Time AM/PM
 MR CHEMO ORDER				

5. Chemotherapy: Cycle # _____

Day 1

Ondansetron 8 mg IV prior to methotrexate and q 24 hours x 2 doses thereafter
Dexamethasone 20 mg IV prior to methotrexate and q 24 hours x 2 doses thereafter

Methotrexate $1000 \text{ mg/m}^2 = \underline{\hspace{2cm}}$ mg given as a 24 hour infusion
(total, methotrexate dose = 1000 mg/m^2)

Leucovoran Rescue (Folinic Acid)

Start leucovorin (folinic acid) 20 mg IV exactly 12 hours after the end of the methotrexate infusion, then give 20 mg IV every 6 hours.

Days 2 and 3

Cytosine arabinoside $3000 \text{ mg/m}^2 = \underline{\hspace{2cm}}$ mg IV q 12 hours x 4 doses over 2 hours, begin day 2. (total dose= $12,000 \text{ mg/m}^2$)

Day 2 CNS prophylaxis: YES NO

Methotrexate

6 mg (Ommaya) 12 mg (spinal tap) to bedside. Call Fellow when

Day 4 (as outpatient)

Growth Factors

G-CSF $5 \text{ ug/kg} = \underline{\hspace{2cm}}$ (round to nearest: 300 or 480 micrograms) daily subcutaneously.

Pegfilgrastim 6 mg subcutaneously to be given _____
Date

Day 6

Begin

Ciprofloxacin 500mg po BID

Acyclovir 400mg po TID

Day 7 CNS prophylaxis: YES NO

Ara C 100mg for IT administration to bedside. Call fellow when available.

Laboratory studies

On admission/day of chemo: CBC with diff and CMP

Daily: BMP

Methotrexate level

Daily level automatically ordered with AM labs. If additional levels desired, enter order

Upon discharge:

See discharge instructions (attached)

Continue Ciprofloxacin, acyclovir and G-CSF

CBC with platelets every Monday, Wednesday and Friday AM, fax results to (717)531-5111

Preparer's Signature _____ Date _____

Attending's Signature

Printed name

Pager number

Date

Time AM/PM



MR CHEMO ORDER

Usual method	Worksheet	Alternative method
MTX level at end of infusion <20mmol/L and <1.00mmol/L at 24 hours from end of infusion and <0.1mmol/L at 48 hours from end of infusion	MTX level at 24 hours or earlier from end of Infusion _____ _____ MTX level at 48 hours or earlier from end of _____ _____	If MTX level >0.20mmol/L at 24 hours from the end of the methotrexate infusion, check a methotrexate level 6 hours later, (requires an extra blood draw which must be ordered). Using that value, calculate the methotrexate half-life. If the methotrexate half-life is < 8
AND Normal baseline creatinine and no increase > 0.3mg/dl during course of therapy	Daily Creatinine levels Pre-Treatment: Day 0: _____ Day 1: _____ Day 2: _____ Day 3: _____	AND Normal baseline creatinine with no increase > 0.3mg/dl during course of therapy
Then Discharge patient without leucovorin		Then Discharge patient without leucovorin
Arrange Neulasta for the next day		Arrange Neulasta for the next day
If there are any variations from these predicted values, leucovorin dose may have to be adjusted, and duration of therapy prolonged with outpatient testing.		If there are any variations from these predicted values, leucovorin dose may have to be adjusted, and duration of therapy prolonged with
If outpatient leucovorin needed: 1. Call RN coordinator X_____ to alert them to watch for methotrexate levels 2. Discharge the patient on: Leucovorin 10mg orally every 6 hours* Bicarbonate tablets 650mg, 2 tablets orally every 6 hours (can be taken with leucovorin) Drink 3L fluids/day Daily BUN/Creatinine (HMC)** Daily MTX level (HMC)** 3. Patient to call in if any doses missed, or if nauseated	Prescriptions for <input type="checkbox"/> leucovorin* <input type="checkbox"/> Bicarbonate tabs <input type="checkbox"/> lab tests- methotrexate level and BUN/Creatinine Instructions for <input type="checkbox"/> Hydration <input type="checkbox"/> Lab testing** <input type="checkbox"/> Phone numbers Patient's coordinator * script should be filled at HMC outpatient pharmacy (Suite 1200, UPC 2) (M-F: 8:30-17:30; S-S: 9:00-14:00) since few other pharmacies	**For outpatient methotrexate testing: Give patient prescription for methotrexate level and BUN/Creatinine with instructions about where to go for blood draw before noon each day (Suite 520 in UPC I for peripheral sticks). Labs must be done at HMC. Each day that a patient has a methotrexate level drawn, patient should then call/page Their nurse coordinator at 16:15 for results.
Patients must have stable, normal renal function and a methotrexate level = 0.2 gmol/L or less to be discharged on leucovorin. If the methotrexate level is < 0.1 gmoUL, the patient can be discharged without leucovorin		