PENNSTATE HERSHEY
Cancer Institute

REVISED April 2012

LARSON REGIMEN: PHASE II

Blood 1995; 85:2025-2037

Date written _____ To begin _____

Patient's: Height_____cm Weight_____kg BSA_____m^2
Allergies: ☐No ☐Yes: _____
Diagnosis _____ Metastatic Site _____

Protocol:
☐Yes #_____
☐ No
Source of Drug:
☐Routine supply
☐Protocol supply
☐Other

1. Laboratory Studies: Prior to chemo: CBC with diff, CMP, uric Acid
2. Consent Obtained ?
   ☐ Yes ☐ Preprinted Consent ☐ See Dictated Note ☐ Note in Chart
   ☐ No Plan: _____
3. **ACTIVATE ORDER SET; CHEMO LARSON REGIMEN PHASE II ADULT**
4. Premedications:
   Antiemetics: Prochlorperazine 10mg po q4h prn nausea/vomiting
   Prochlorperazine 10 mg IV q4h prn nausea/vomiting if not tolerating po meds
5. **Chemotherapy: (Calculate 100% of dose)**
   (dates)

Day 1 only:
Ondansetron 16 mg po 30 min prior to chemo
Dexamethasone 20 mg IV 30 min prior to chemo

_____Day 1: **Intrathecal Methotrexate 15 mg (preservative free)**
(Set patient up for LP after labs are drawn)

_____Day 1: **Cyclophosphamide 1000mg/m^2 =_____mg IV infuse over 30 min.**

_____Day 1-14: **6-MP 60mg/m^2=_____ po q d (Needs Rx)**

_____Day 1-4, 8-11 **Cytarabine 75mg/m^2=_____mg s.c.**
_____

_____Day 15, 22 **Vincristine 1.4mg/m^2 (max 2mg)=_____mg IV Push**
_____

_____Day 5 **☐ Pegasparaginase 2000 International Units/m^2=_____IU**
☐ Pegasparaginase 2500 International Units/m^2=_____IU

_____Day 19 **given IV over 1-2 hours in 100 ml NS or d5W on day 5 and day 19.**

_____
_____
_____
given _____

OR
☐ Asparaginase 6000 International Units/m^2=_____IU subcutaneously days 15, 18, 22, 25.

Preparer's Signature _____ Date_____

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

MR CHEMO ORDER

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6. Monitoring during therapy:

Admission/day of chemo: CBC with diff, CMP, Uric acid, PT, fibrinogen

Days 1, 8, 15, 22, 25
CBC with platelets*, PT*, PTT*, fibrinogen*
Days 15, 18, 22, 25
Amylase**, Lipase**, Glucose**, LFTs**

*For abnormal lab results, Do not hold chemo, call MD
** For abnormal lab results, hold chemo, call MD.

Preparer's Signature _____ **Date**_____

Attending's Signature **Printed name** **Pager number** **Date** **Time AM/PM**

MR CHEMO ORDER