

**cytarabine 20** Regimen

**ARIA Protocol Name:** Low Dose Cytarabine 20 mg/m<sup>2</sup>

Adult Chemotherapy - Hematology Oncology

Acute Myeloid Leukemia (AML)



CC6610 0471 04/2024

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_ kg    Height: \_\_\_\_\_ cm    Body Surface Area (BSA) = \_\_\_\_\_

**Allergies:** \_\_\_\_\_  **No Known**

Date: DD/MONTH/YYYY    Planned Administration Date: DD/MONTH/YYYY  
 Cycle \_\_\_\_\_ of \_\_\_\_\_    **Cycle Duration: 28 days**    Date of previous cycle: DD/MONTH/YYYY

**MAY PROCEED WITH DOSES AS WRITTEN IF:**

- ANC **greater than** 1.5 X 10<sup>9</sup>/L and platelets **greater than** 100 X 10<sup>9</sup>/L, otherwise notify Hematologist
- LFTs and Bilirubin assessed
- Creatinine clearance assessed.

**PREMEDICATIONS (FOR HOSPITAL PHARMACY):**

- allopurinol 300 mg PO** on day 1 (**Cycle 1 ONLY**)
- prochlorperazine 10 mg PO** on days 1 to 5 and days 8 to 12
- Other: \_\_\_\_\_

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

- cytarabine 20 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg**
- Dose modification: **cytarabine 20 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg**
- SC** over 5 minutes on days 1 to 5 and days 8 to 12

**HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):**

- allopurinol 300 mg PO** once daily on days 2 to 5 (**Cycle 1 ONLY**)
- prochlorperazine 10 mg PO** every 6 hours as needed
- Other: \_\_\_\_\_

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Authorized Prescriber's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_

Nurse's Name: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.