Rasburicase (Elitek®) Protocol for Tumor Lysis Syndrome Plan

R] = will be ordered
T= Today; N = Now (date and time ordered)

Height: ___________ cm    Weight: __________kg

Allergies:
[ ] No known allergies
[ ] Medication allergy(s):
[ ] Latex allergy
[ ] Other:

NOTE: Restricted use for hematology/oncology physicians only.
NOTE: If known G6PD deficiency, administration of rasburicase is contraindicated.
NOTE: Criteria for use of rasburicase, check all that apply:
[ ] Diagnosis of and receiving treatment for acute leukemia, lymphoma, small cell lung cancer, or testicular cancer, Other ____________________________

AND

[ ] Currently on allopurinol 300 mg/m2 or contraindication to allopurinol (hypersensitivity reaction) noted.
AND must have one or more of the following, check all that apply:
[ ] Uric acid greater than or equal to 8 mg/dL within the last 48 hours
[ ] LDH greater than or equal to 1000 U/L within the last 48 hours
[ ] WBC greater than or equal to 30,000/m3 within the last 48 hours

Patient Care
[ R ] Nurse Communication
T;N, Place orders for and collect uric acid and LDH blood specimens upon completion of rasburicase administration, collect uric acid blood specimen in a prechilled heparinized tube; immediately place sample in ice bath and deliver to Laboratory

Medications
[ R ] rasburicase
7.5mg, IV Piggyback, IV Piggyback, once, routine, T;N, Comment: infuse over 30 minutes

Laboratory
NOTE: Order uric acid and/or LDH STAT if no results available within the last 48 hours.

[ ] Uric Acid Level (Rasburicase Protocol) Stat, T;N, once, Blood
[ ] LDH Stat, T;N, once, Blood
[ ] WBC Stat, T;N, once, Blood
[ ] Uric Acid Level Routine,T+1:0400, once, blood

Date                              Time                              Physician’s Signature                                              MD Number

PT-PP Rasburicase Protocol for Tumor
Lysis Syndrome-23037-QM0409 080911