Supportive Clinical Information Prevention and Treatment of Tumor Lysis Syndrome (TLS)

Does patient have?

Acute leukemia: with WBC greater than 100 x 10^9/L and/or LDH greater than 2 x ULN OR uric acid greater than 480 micromol/L OR renal impairment

OR

Burkitt's lymphoma/mature large B-cell lymphoma OR lymphoblastic lymphoma with bulky disease OR other chemo-sensitive tumors with bulky disease.

OR

Other at-risk patients including those determined by hematologist /Oncologist

No

Patient is LOW RISK for TLS

- **Start intravenous hydration – IV/PO: 1 to 1.5 x maintenance (WITHOUT potassium)**
- **Monitor uric acid, K^+, PO_4, Ca^+, CREAT levels every 12 hours**
- **Start allopurinol**

Yes

Patient is HIGH RISK for TLS

- **Start aggressive intravenous hydration- IV/PO: 1.5 to 2 x maintenance (WITHOUT potassium)**
- **Monitor uric acid K^+, PO_4, Ca^+, CREAT levels every 8 hours**
- **Start allopurinol OR rasburicase (in consultation with pediatric oncologist)**

Monitor for signs of hyperkalemia, hyperuricemia, hyperphosphatemia, hypocalcemia. Increase frequency of bloodwork as needed.

Adapted from IWK Clinical Order Set – *Prevention and Treatment of Tumor Lysis Syndrome (TLS)*
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