

TLS Stratification

Oral Allopurinol (PO/NG/PG*) dosing divided BID-TID:

- ► Children <6 yrs: 150 mg PO daily
- ▶ Children 6-10 yrs: 300 mg PO daily
- ► Children >10 yrs: 600-800 mg PO daily
- ► Weight based dosing: 10mg/kg/day PO (max 800mg/day)
- *IV dosing not recommended does not provide benefit over PO/NG/PG and is cost prohibitive
- **If pt NPO for procedure, determine if pt can take PO dosing with sips of water

Administer:

Rasburicase STAT AND start allopurinol PO*/**

Rasburicase dosing and administration:

Weight	Dose	^ Dosing in infants is not well
<10 kg^	1.5 mg	established although case reports suggest safety and efficacy of standard dosing in this population. Recommend 0.15 mg/kg/dose without rounding for this pt population.
10-20 kg	3 mg	
20-30 kg	_	
>30 kg	6 mg	

- A single dose of 0.15 mg/kg rounded to the nearest 1.5 mg (vial size)
- Maximum dose: 6 mg
 - A single dose of 7.5 mg may be considered for pts > 100 kg
- May repeat dose no sooner than 12 hours if inadequate response or if metabolic abnormalities recur
- Alkalinization of the urine is not recommended with the use of rasburicase
- For 96 hrs <u>after</u> rasburicase administration the "uric acid post rasburicase" order should be used
- Blood must be collected into pre-chilled tubes containing heparin (red gel or mint green), placed on ice, and taken to the lab
- Additional considerations

Acronyms/Abbreviations:

BL = Burkitt Lymphoma/Leukemia HPI = History of Present Illness

LLy = Lymphoblastic Lymphoma

SUA = Serum uric acid

TLS = Tumor Lysis Syndrome

UOP = Urine output

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For additional information, link to synopsis

Last Updated: 08/2025