BC Cancer Agency
CARE & RESEARCH

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

PROTOCOL CODE: KSLDO

Class II Drug:

☐ Extensive cutaneous or systemic visceral Kaposi's sarcoma in patient with adequate hematologic, liver and cardiac function and ECOG performance status 3 or better.

For other indications, an *"Undesignated Indications Request"* form must be approved prior to use.

DOCTOR'S ORDERS

Ht_____cm Wt_____kg BSA_____m^2

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: **To be given:** **Cycle #:**

Date of Previous Cycle:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff** day of treatment

May proceed with doses as written if within 24 hours **ANC greater than 0.99 x 10^9/L, Platelets greater than 74 x 10^9/L**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity:** _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: ☐ Patient to take own supply. RN/Pharmacist to confirm _____.

☐ **Prochlorperazine** 10 mg PO pre-chemotherapy PRN OR

☐ **Metoclopramide** 10 mg PO pre-chemotherapy PRN

CHEMOTHERAPY:

DOXOrubicin liposomal 20 mg/m^2 x BSA =_____ mg

☐ Dose Modification: (_____%) = _____mg/m^2 x BSA = _____mg

IV in 250 mL D5W over 30 minutes.

RETURN APPOINTMENT ORDERS

☐ Return in _____ weeks for Doctor and Cycle _____.

☐ Last Cycle. Return in _____ week(s).

CBC and Diff, Platelets prior to each cycle

If clinically indicated:

☐ Tot. Prot ☐ Albumin ☐ Bilirubin ☐ GGT ☐ Alk Phos.

☐ AST ☐ LDH ☐ ALT ☐ BUN ☐ Creatinine

☐ **Other tests:** (ie: ECG, Echocardiogram, MUGA Scan) _____

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: