



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: LYABVD

DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
DATE:	To be given:	Cycle #:		
Date of Previous Cycle:				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, platelets</b> day of treatment May proceed with day 1 doses as written if within 48 hours <b>ANC greater than or equal to 0.6 x 10<sup>9</sup>/L</b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. <b>Ondansetron 8 mg PO</b> prior to treatment. <b>Dexamethasone 8 mg or 12 mg PO</b> (circle one) prior to treatment. <input type="checkbox"/> <b>Aprepitant 125 mg PO</b> prior to treatment. <input type="checkbox"/> <b>Hydrocortisone 100 mg IV</b> prior to Etoposide <input type="checkbox"/> <b>DiphenhydrAMINE 50 mg IV</b> prior to Etoposide <input type="checkbox"/> <b>Other:</b> _____				
**Have Hypersensitivity Reaction Tray and Protocol Available**				
CHEMOTHERAPY: <b>DOXOrubicin 25 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV push <b>day 1 and day 15</b> <b>vinBLAStine 6 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV push <b>day 1 and day 15</b> <b>Hydrocortisone 100 mg IV</b> in 50 to 100 mL NS over 10 to 15 minutes prior to Bleomycin <b>day 1 and day 15</b> <b>Bleomycin 10 units/m<sup>2</sup> x BSA = _____ units</b> IV in 50 mL NS over 10 minutes <b>day 1 and day 15</b> <b>Dacarbazine 375 mg/m<sup>2</sup> x BSA = _____ mg</b> IV in 250 to 500 mL NS over 1 to 2 hours <b>day 1 and day 15</b> <b>If Cardiac Dysfunction:</b> Omit DOXOrubicin. Give <b>Etoposide 25 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 to 500 mL NS over 30 minutes to 1 hour on <b>day 1 and day 15</b> (Use non-PVC equipment) And <b>Etoposide 50 mg/m<sup>2</sup> x BSA x ( _____ %) = _____ mg</b> PO on <b>day 2 and day 3 and day 16 and day 17</b> . Round dose to nearest 50 mg) <b>If Bilirubin greater than 85 mmol/L:</b> Omit DOXOrubicin. Give <b>Cyclophosphamide 375 mg/m<sup>2</sup> x BSA = _____ mg</b> IV in 100 to 250 mL over 30 minutes to 1 hour. ( <b>Day 1 and day 15</b> )				
EMERGENCY DRUGS FOR MANAGEMENT OF ETOPOSIDE TOXICITY: <b>Hydrocortisone 100 mg IV prn / DiphenhydrAMINE 50 mg IV prn</b>				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo Day 1 and 15.				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; Diff, platelets</b> prior to day 1 of each cycle of treatment. <input type="checkbox"/> <b>PET Scan</b> <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>				
DOCTOR'S SIGNATURE:		SIGNATURE: UC:		