



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: LYCDA

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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

DATE:

To be given:

Cycle #:

Date of Previous Cycle:

First cycle: Proceed with full dose as ordered, regardless of blood counts. Adjust dose for creatinine clearance only, if required.

If a subsequent cycle is given: May proceed with doses as written if within 96 hours **ANC greater than or equal to $1.2 \times 10^9/L$** , **Platelets greater than or equal to $100 \times 10^9/L$** , **Creatinine clearance greater than 70 mL/min** .

Dose modification for: Creatinine Clearance Other Toxicity _____

Proceed with treatment based on blood work from _____

CHEMOTHERAPY: (Choose one ONLY)

If Creatinine clearance is greater than 70 mL/min:

Cladribine 0.14 mg/kg/day = _____ mg/day
IV in 500 mL NS over 2 hours daily for **five** days.

Cladribine 0.14 mg/kg/day = _____ mg/day SC daily for **five** days.

Dose Modification if Creatinine clearance 30-70 mL/min:

Cladribine 0.14 mg/kg/day = _____ mg/day
 Dose Modification: _____% = _____ mg/kg/day
IV in 500 mL NS over 2 hours daily for **three** days.

Cladribine 0.14 mg/kg/day = _____ mg/day SC daily for **three** days.

RETURN APPOINTMENT ORDERS

Return in _____ week(s).

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: