



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: LYCHOP

<b>DOCTOR'S ORDERS</b>		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>				
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>		
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 doses as written if within 96 hours <b>ANC</b> greater than or equal to <b>0.8 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> _____				
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>Ondansetron 8 mg</b> PO prior to treatment. <b>Dexamethasone 8 mg or 12 mg</b> PO (circle one) prior to treatment. <input type="checkbox"/> <b>Hydrocortisone 100 mg</b> IV prior to Etoposide <input type="checkbox"/> <b>Diphenhydramine 50 mg</b> IV prior to Etoposide. <input type="checkbox"/> <b>Other:</b> _____				
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>				
<b>CHEMOTHERAPY:</b>				
<b>Doxorubicin 50 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV push on Day 1 <b>Vincristine 1.4 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 50 mL NS over 15 minutes on Day 1 <b>Cyclophosphamide 750 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 100 to 250mL NS over 20 minutes to 1 hour on Day 1 <b>Prednisone 45 mg/m<sup>2</sup></b> x BSA = _____ mg PO daily in AM with food on Days 1 to 5 .(Round dose to nearest 25 mg) <b>If cardiac dysfunction:</b> Omit <b>Doxorubicin</b> . Give <b>Etoposide 50 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 to 500 mL (non-PVC bag) NS over 30 minutes to 1 hour on Day 1 (use non-PVC tubing), and <b>Etoposide 100 mg/m<sup>2</sup></b> x BSA x ( _____ %) = _____ mg PO on day 2 & 3. (Round dose to nearest 50 mg). <b>If Bilirubin greater than 85 micromol/L:</b> Omit <b>Doxorubicin</b> . Change <b>Cyclophosphamide</b> to <b>1100 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 100 to 250 mL NS over 20 minutes to 1 hour on Day 1				
<b>EMERGENCY DRUGS FOR MANAGEMENT OF ETOPOSIDE TOXICITY:</b>				
<b>Hydrocortisone 100 mg</b> IV prn / <b>Diphenhydramine 50 mg</b> IV prn				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; Diff, Platelets</b> prior to each cycle <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>				
<b>DOCTOR'S SIGNATURE:</b>			<b>SIGNATURE:</b>	
			UC:	