



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: LYCVPPABO

PAGE 1 OF 2

<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 48 hours <b>ANC greater than or equal to 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> (circle one) PO 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>DAY 1:</b>				
<b>Vinblastine 6 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.				
<b>Cyclophosphamide 600 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 <b>1 hour</b> .				
<b>Prednisone 45 mg/m<sup>2</sup></b> x BSA = _____ mg PO daily x 14 days in AM with food. (Round to nearest 25 mg)				
<b>Procarbazine 100 mg/m<sup>2</sup></b> x BSA = _____ mg PO daily x 7 days. (Round to nearest 50 mg)				
<b>DAY 8:</b>				
<b>Doxorubicin 35 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.				
<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 <b>15 minutes</b>				
<b>Hydrocortisone 100 mg</b> IV prior to Bleomycin in 50 to 100 mL NS over 10 to 15 minutes.				
<b>Bleomycin 10 units/m<sup>2</sup></b> x BSA = _____ units IV in 50 mL NS over <b>15 minutes</b> .				
<input type="checkbox"/> <b>If bilirubin greater than 85 micromol/L, omit Doxorubicin.</b> Substitute <b>Cyclophosphamide 525 mg/m<sup>2</sup></b> x BSA = _____ mg IV in 100 to 250 mL NS over 20 minutes to <b>1 hour</b> on Day 8.				
<input type="checkbox"/> <b>If cardiac dysfunction, omit Doxorubicin.</b> Substitute <b>Etoposide 35 mg/m<sup>2</sup></b> x BSA = _____ mg IV in 250 to 500 mL NS (non-PVC bag) over 30 minutes to <b>1 hour</b> on day 8 (Use Non-PVC tubing) AND <b>Etoposide 70 mg/m<sup>2</sup></b> x BSA = _____ mg PO on days 9 and 10. (Round dose to nearest 50 mg)				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				<b>UC:</b>



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: LYCVPPABO

PAGE 2 OF 2

DOCTOR'S ORDERS (Page 2 of 2)	
<b>DATE:</b>	<b>To be given:</b> <b>Cycle #:</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 <b>four</b> weeks for Doctor and Cycle # _____. Book Chemo on Days 1 and 8. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<b>CBC &amp; Diff, Platelets</b> prior to each treatment. <input type="checkbox"/> If clinically indicated: <b>Bilirubin</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: