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: ULUAVPMTN

A BCCA "Compassionate Access Program" request form must be completed and approved prior to treatment.

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, Platelets** day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.5 x 10^9/L, Platelets greater than or equal to 100 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 _____.

Dexamethasone 4 mg PO bid for 3 days starting one day prior to each treatment

Ensure patient is taking **Folic Acid** and has had **Vitamin B12** injection starting at least 7 days prior to first cycle

☐ **Other:**

****Have Hypersensitivity Reaction Tray & Protocol Available****

CHEMOTHERAPY:

Pemetrexed 500 mg/m^2 x BSA x = _____ mg
☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
IV in 100 mL NS over 10 minutes

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle _____
☐ Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Bili, AST, LDH prior to each cycle
CBC & Diff, Platelets weekly during Cycles 1 and 2
If clinically indicated: ☐ **Creatinine**

Vitamin B12 injection required every 9 weeks. Patient to obtain supply.
☐ This patient to receive injection in clinic. Next injection due by _____.

☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: