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: BRAVCMFPO

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 90 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 _____.

Ondansetron 8 mg PO prior to treatment

Dexamethasone 8 mg or **12 mg** (circle one) PO prior to treatment

☐ **Other:**

CHEMOTHERAPY:

DAY 1 and 8

Methotrexate 40 mg/m^2/day x BSA x (_____%) =_____mg IV push on Day 1 and 8

Fluorouracil 600 mg/m^2/day x BSA x (_____%) =_____mg IV push on Day 1 and 8

Cyclophosphamide 100 mg/m^2/day x BSA x (_____%) =_____mg PO daily on Days 1-14
(Round dose to nearest 25 mg)

OR

DAY 8 (DOSE MODIFICATION REQUIRED ON DAY 8)

Methotrexate 40 mg/m^2/day x BSA x (_____%) =_____mg IV push

Fluorouracil 600 mg/m^2/day x BSA x (_____%) =_____mg IV push

Cyclophosphamide 100 mg/m^2/day x BSA x (_____%) =_____mg PO daily on Days 8-14
(Round dose to nearest 25 mg)

RETURN APPOINTMENT ORDERS

☐ Return in **four** weeks for Doctor and Cycle_____. Book chemo room Day 1 and 8.

☐ Last Cycle. Return in _____weeks.

CBC & Diff, Platelets prior to each treatment

If clinically indicated: ☐ **Bilirubin** ☐ **AST** ☐ **Creatinine**

☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: