



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: UBRAVLCAP

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: _____				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> 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 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L, Creatinine Clearance greater than 50 mL/min. Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
Health care professional to assess for stomatitis and diarrhea prior to EACH chemotherapy treatment Notify Doctor if any signs and symptoms of toxicity prior to chemotherapy <input type="checkbox"/> Other: _____				
** Have Hypersensitivity Reaction Tray and Protocol Available **				
CHEMOTHERAPY:				
Capecitabine 1000 mg/m² x BSA x (_____%) = _____mg PO BID with food x 14 days on days 1 –14. (Round dose to nearest 150 mg) Lapatinib 1250 mg or _____mg PO ONCE DAILY on days 1 - 21 (continuously). Take at least one hour before or at least one hour after a low fat meal. (round dose to nearest 250 mg)				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, Platelets, Creatinine, bilirubin, AST, Alk Phos, ALT prior to each cycle <input type="checkbox"/> INR Weekly <input type="checkbox"/> INR prior to each cycle <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	