



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: GUEMCYT (PO)

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: _____		
May proceed with doses as written if within 24 hours WBC <u>greater than or equal to</u> 3.5 x 10⁹/L, Platelets <u>greater than or equal to</u> 100 x 10⁹/L		
Proceed with treatment based on blood work from _____		
TREATMENT:		
Estramustine phosphate 14 mg/kg/day = _____ mg PO in 3-4 divided doses taken on an empty stomach one hour before or two hours after eating.		
mitte _____ capsules		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in one month for Doctor		
<input type="checkbox"/> Last Cycle. Return in _____ week(s).		
CBC & Diff, Platelets, AST, ALT, Alk Phos, Bili, LDH 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:	