



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: GUBCV

<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 24 hours <b>ANC greater than</b> 1.5 x 10 <sup>9</sup> /L, <b>Platelets greater than</b> 120 x 10 <sup>9</sup> /L 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> _____		
PREMEDICATIONS: 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> ( <i>circle one</i> ) prior to treatment <input type="checkbox"/> <b>Other:</b>		
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>		
CHEMOTHERAPY: <b>Carboplatin AUC 5, 4 or 3</b> ( <i>circle one</i> ) x (GFR + 25) = _____ mg IV in 250 mL D5W over 30 minutes <b>Day 1</b> <b>Vinblastine 4 mg/m<sup>2</sup></b> or _____ mg/m <sup>2</sup> x BSA = _____ mg <input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV push <b>Day 1 and Day 8</b> or <b>Day 1 and Day 2</b> ( <i>circle one</i> )		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle _____, for chemo Day 1 and Day 2 or Day 8 ( <i>circle one</i> ) <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
<b>CBC &amp; Diff, Platelets</b> Days 1, 8 15 and 22 of Cycle 1 <b>CBC &amp; Diff, Platelets</b> prior to each treatment <b>Serum Creatinine, Bili</b> prior to Day 1 of each cycle <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> Days 15 and 22 Cycles 2-6 <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>		
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>	
	<b>UC:</b>	