



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: HNFURT

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 1.5 x 10 ⁹ /L, Platelets greater than 100 x 10 ⁹ /L 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 _____.				
CHEMOTHERAPY: Mitomycin 10 mg/m² x BSA x (_____ %) = _____ mg IV push (Maximum dose 20 mg) Fluorouracil 1000 mg/m²/day or _____ mg/m²/day x BSA x = _____ mg/day for 4 days (total dose = _____ mg/m ² over 96 h) IV in D5W to a total volume of 192 mL by continuous infusion at 2 mL/h via Baxter LV2 infusor.				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle two				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, Platelets, Creatinine, AST, Bilirubin 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:				
			UC:	