



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: HNAVFUFA

<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 96 hours <b>ANC greater than or equal to</b> $1.5 \times 10^9/L$ , <b>Platelets greater than or equal to</b> $100 \times 10^9/L$  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 _____.		
CHEMOTHERAPY:		
Leucovorin $20 \text{ mg/m}^2$ x BSA = _____ mg IV push prior to Fluorouracil weekly x _____ weeks.		
Fluorouracil $500 \text{ mg/m}^2$ x BSA x ( _____ %) = _____ mg IV push weekly x _____ weeks.		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in <b>two</b> or <b>four</b> ( <i>circle one</i> ) weeks for Doctor and Cycle _____. Book chemo x _____ weeks.		
<input type="checkbox"/> Last Cycle. Return in _____ week(s).		
<b>CBC &amp; Diff, Platelets</b> every two weeks. IF clinically indicated: <input type="checkbox"/> <b>Bilirubin, AST, alkaline phosphatase</b> <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>	