



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: **HNLACAFRT**

<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, Creatinine, AST, Bilirubin, Alkaline Phosphatase</b> day of treatment May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L, Creatinine less than or equal to 120 micromol/L</b>				
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</b> PO prior to treatment				
<input type="checkbox"/> <b>Other:</b> _____				
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>				
CHEMOTHERAPY:				
<b>Concurrent With Radiation Therapy</b>				
<b>Carboplatin 70 mg/m<sup>2</sup></b> x BSA = _____ mg				
<input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg				
IV in 250 mL D5W over 30 minutes Days 1 - 4				
<b>Fluorouracil 600 mg/m<sup>2</sup>/day</b> x BSA = _____ mg/day for 4 days (total dose = _____ mg over 96 h)				
<input type="checkbox"/> <b>Dose Modification:</b> _____ mg/m <sup>2</sup> /day x BSA = _____ mg/day for 4 days (total dose = _____ mg over 96 h)				
IV in D5W to a total volume of 192 mL by continuous infusion at 2 mL/h via Baxter LV2 infusor				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; Diff, Platelets, Creatinine, Bilirubin, AST, Alkaline Phosphatase</b> prior to each cycle				
<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>	
			UC:	

