



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: PUM

**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form**

**DATE:** \_\_\_\_\_ **To be given:** \_\_\_\_\_ **Cycle #:** \_\_\_\_\_

Date of Previous Cycle: \_\_\_\_\_

Delay treatment \_\_\_\_\_ week(s)  
 **CBC & Diff, Platelets** day of treatment  
 May proceed with doses as written if within 96 hours **ANC greater than 2 x 10<sup>9</sup>/L, Platelets greater than 100 x 10<sup>9</sup>/L**  
 Dose modification for:  **Hematology**  **Other Toxicity** \_\_\_\_\_  
 Proceed with treatment based on blood work from \_\_\_\_\_

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm \_\_\_\_\_.  
 **Metoclopramide 10 mg PO PRN** prior to treatment.  
 **Other:** \_\_\_\_\_

CHEMOTHERAPY:  
**Mitomycin 15 mg/m<sup>2</sup> x BSA** (x \_\_\_\_\_ %) = \_\_\_\_\_ mg IV push  
 Because Mitomycin can cause severe hematologic and non-hematologic toxicity at cumulative doses above 30 mg/m<sup>2</sup>, only 2 cycles of initial therapy are recommended.

**RETURN APPOINTMENT ORDERS**

Return in **four** weeks for Doctor and Cycle \_\_\_\_\_.  
 Last Cycle. Return in \_\_\_\_\_ week(s).

**CBC & Diff, Platelets** prior to each treatment.  
 If clinically indicated:  **Creatinine**  
 **Other tests:** \_\_\_\_\_  
 **Consults:** \_\_\_\_\_  
 **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 UC: \_\_\_\_\_