



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: SMAJIFN

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: \_\_\_\_\_ Week(s)# \_\_\_\_\_

Delay treatment \_\_\_\_\_ week(s)

CBC & Diff day of treatment

May proceed with doses as written if within 72 hours ANC greater than or equal to 0.5 x 10<sup>9</sup>/L, AST or ALT less than 5 times the upper limit of normal

Dose modification for:  Hematology  Other Toxicity: \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm \_\_\_\_\_.

Induction Phase(Weeks 1-4): Acetaminophen 650 mg PO 30 minutes prior to treatment and every 4-6 hours regularly

Other:

TREATMENT:

Induction Phase(Weeks 1-4)

Interferon alfa-2b 20 million units/m<sup>2</sup>/day x BSA = \_\_\_\_\_ million units

Dose Modification: \_\_\_\_\_% = \_\_\_\_\_ million units/m<sup>2</sup> x BSA = \_\_\_\_\_ million units

IV in 50 mL NS over 20 minutes followed by 500 mL NS IV over 30 min to 1 hour. Daily for 5 consecutive days. (Round dose to nearest million unit)

Maintenance Phase(Weeks 5-52)

Interferon alfa-2b 10 million units/m<sup>2</sup>/day x BSA = \_\_\_\_\_ million units

Dose Modification: \_\_\_\_\_% = \_\_\_\_\_ million units/m<sup>2</sup> x BSA = \_\_\_\_\_ million units

SC 3 times a week (Monday, Wednesday, and Friday) (Round dose to nearest million unit)

Mitte: 4 weeks ( or \_\_\_\_\_ weeks) supply (Multi-dose Pens are stable for 4 weeks after first use.)

RETURN APPOINTMENT ORDERS

Induction Phase(Weeks 1-4)

Book chemo x 5 days a week for 4 weeks

Return weekly x four weeks for Doctor.

Book subcutaneous injection teaching in \_\_\_\_\_ weeks.

Maintenance Phase(Weeks 5-52)

Return in four weeks ( or \_\_\_\_\_ weeks) for Doctor.

CBC and Diff, AST, ALT, Alk Phos. weekly(weeks 1-4) or every 4 weeks(weeks 5-52)

Other tests:

Bilirubin  BUN  Creatinine  Uric acid  LDH  TSH  Chest X-ray

Consults:

PFC  Others:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: