BC Cancer Agency
CARE & RESEARCH

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: SMCCNU (PO)

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:

☐ Delay treatment _____ week(s)

☐ **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: ☐ **Hematology** ☐ **Other Toxicity:** _____

Proceed with treatment based on blood work from _____

CHEMOTHERAPY:

Lomustine 130 mg/m^2 x BSA = _____ mg

Dose Modification (_____%) = _____ mg/m^2 x BSA = _____ mg PO at bedtime on an empty stomach, on Day 1 every six weeks. (Round dose to nearest 10 mg)

RETURN APPOINTMENT ORDERS

☐ Return in **six** weeks for Doctor and Cycle _____.

☐ Last Cycle. Return in _____ week(s).

CBC and Diff, Platelets, creatinine, alkaline phosphatase, AST, GGT, bilirubin prior to each cycle

☐ **Diagnostic imaging:**

☐ **Pulmonary function test:**

☐ **Other Tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: