



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: LKAMLCYT

| | | | | |
|---|--------------|-------------|-------------|--------------------------|
| 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: _____ | | | | |
| <input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets day of treatment Cycle 1 ONLY: May proceed with doses as written. No specific blood count requirements Cycles 2-4: May proceed with doses as written if within 48 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____ | | | | |
| PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. | | | | |
| <input type="checkbox"/> Other: _____ | | | | |
| CHEMOTHERAPY: | | | | |
| Cytarabine 20 mg SC bid for 10 consecutive days starting _____. | | | | |
| **Prescriptions need to be provided for pharmacy <u>at least 24 hours</u> before patient pick-up** | | | | |
| <input type="checkbox"/> Special Instructions: _____ | | | | |
| RETURN APPOINTMENT ORDERS | | | | |
| <input type="checkbox"/> Return in four or six weeks (circle one) for Doctor and Cycle _____ | | | | |
| <input type="checkbox"/> Last Cycle. Return in _____ week(s). | | | | |
| CBC & Diff, Platelets prior to each cycle If clinically indicated: <input type="checkbox"/> Liver function tests <input type="checkbox"/> serum creatinine and uric acid <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests. | | | | |
| DOCTOR'S SIGNATURE: | | | SIGNATURE: | |
| CPSBC ID# _____ | | | UC: | |