Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

PROTOCOL CODE: BRAVCMF

<table>
<thead>
<tr>
<th>DOCTOR'S ORDERS</th>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
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</thead>
</table>

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

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

- Delay treatment ______ week(s)
- CBC & Diff, platelets day of treatment
- May proceed with doses as written if within 96 hours **ANC greater than or equal to** 1.5 x 10⁹/L, **Platelets greater than or equal to** 90 x 10⁹/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 _______________.
- ondansetron 8 mg PO prior to treatment
- dexamethasone 8 mg or 12 mg (circle one) PO prior to treatment
- □ Other:

**CHEMOTHERAPY:**
- methotrexate 40 mg/m² x BSA = __________ mg
  - Dose Modification: _______% = __________ mg/m² x BSA = __________ mg
  - IV push
- fluorouracil 600 mg/m² x BSA = __________ mg
  - Dose Modification: _______% = __________ mg/m² x BSA = __________ mg
  - IV push
- cyclophosphamide 600 mg/m² x BSA = __________ mg
  - Dose Modification: _______% = __________ mg/m² x BSA = __________ mg
  - IV in 100 to 250 mL NS over 20 minutes to 1 hour

**RETURN APPOINTMENT ORDERS**
- □ Return in **three** weeks for Doctor and Cycle _________
- □ Last Cycle. Return in ___________ weeks.

CBC & Diff, Platelets prior to each cycle

If clinically indicated: □ Bilirubin □ ALT □ Creatinine
- □ Other tests:
- □ Consults:
- □ See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**