

PROTOCOL CODE: BRAVERIB

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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 May proceed with doses as written if within 24 hours ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Renal Function <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"/> prochlorperazine 10 mg PO or <input type="checkbox"/> metoclopramide 10 to 20 mg PO prior to treatment <input type="checkbox"/> Other: _____		
CHEMOTHERAPY: DAY 1 and 8 eriBULin 1.4 mg/m ² /day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV Push over 2 to 5 minutes on Day 1 and Day 8.		
OR		
DOSE MODIFICATION REQUIRED ON DAY 8 eriBULin 1.4 mg/m ² /day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV Push over 2 to 5 minutes on Day _____.		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo room Day 1 and Day 8* <input type="checkbox"/> Last Cycle. Return in _____ weeks. * if day 8 treatment given on day 15, start of next cycle is 2 weeks from day 15		
CBC & Diff, platelets, sodium, potassium, creatinine, bilirubin, GGT, alk phos, ALT, LDH prior to Day 1 CBC & Diff, platelets, Creatinine prior to Day 8 If clinically indicated: <input type="checkbox"/> Total Protein <input type="checkbox"/> Albumin <input type="checkbox"/> BUN <input type="checkbox"/> Other Tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: