



Provincial Health Services Authority

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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: BRAVNAV

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 1.5 x 10⁹/L, Platelets greater than or equal to 90 x 10⁹/L Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> ECOG <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 – 20 mg PO prior to treatment <input type="checkbox"/> hydrocortisone 100 mg IV in 50 mL NS over 20 minutes pre-vinorelbine (for patients who have had previous phlebitis) <input type="checkbox"/> Other: _____					
CHEMOTHERAPY:					
DAY 1 and 8					
vinorelbine <input type="checkbox"/> 30 mg/m ² /day or <input type="checkbox"/> 25 mg/m ² /day (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV in 50 mL NS over 6 minutes on Day 1 and Day 8. Flush vein with 75 to 125 mL NS following infusion of vinorelbine					
OR					
DOSE MODIFICATION REQUIRED ON DAY 8					
vinorelbine <input type="checkbox"/> 30 mg/m ² /day or <input type="checkbox"/> 25 mg/m ² /day (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV in 50 mL NS over 6 minutes. Flush vein with 75 to 125 mL NS following infusion of vinorelbine					
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.					
CBC & Diff, platelets prior to each treatment If clinically indicated: <input type="checkbox"/> Bilirubin <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.					
DOCTOR'S SIGNATURE:				SIGNATURE:	
				UC:	