**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
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**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, creatinine 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 100 x 10⁹/L for mitomycin and greater than or equal to 75 x 10⁹/L for capecitabine, Creatinine Clearance greater than 50 mL/min.

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 chemotherapy
- dexamethasone 8 mg PO prior to chemotherapy
- metoclopramide 10-20 mg PO prn prior to chemotherapy
- prochlorperazine 10 mg PO prn prior to chemotherapy
- Other: _______________________

**CHEMOTHERAPY:** Chemotherapy begins on Day 1 of each radiotherapy course

- mitomycin 10 mg/m² x BSA x (______%) = ______mg (Maximum dose = 20 mg)
  - IV push on Day 1, Week 1 and
- mitomycin 10 mg/m² x BSA x (______%) = ______mg (Maximum dose = 20 mg)
  - IV push on Day 29, Week 5 (optional)

- capecitabine 825 mg/m² x BSA x (______%) = ________mg PO bid with food. The second dose should be taken 10-12 hours after the first dose. (Total daily dose = 1650 mg/m²) To be dispensed in appropriate weekly intervals Monday to Friday, with Saturday, Sunday and statutory holidays off, beginning on the first day of Radiation Therapy and ending on the last day of RT

**RETURN APPOINTMENT ORDERS**

- Radiation Therapy to start Week 1 x 5½ weeks
- Return in _____ weeks for Doctor assessment during RT
- Return in _____ weeks for Doctor and _____ week for PO capecitabine
- Last Cycle. Return in _______ week(s)

CBC & diff, platelets, creatinine, weekly during treatment

CBC & diff, platelets, creatinine, weekly for 2 weeks after chemoradiation

- INR weekly □ INR prior to each cycle
- Other tests:
- Weekly Nursing Assessment
- Consults:
- See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

SIGNATURE: _______________________

UC: _______________________

Created: 1 Feb 2010  Revised: 1 Mar 2019