

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: GOENDD

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| DOCTOR'S ORDERS | Ht | cm Wt | kg | SSAm² |
|--|-------------------|--------------|------------------|----------------------------|
| REMINDER: Please ensure drug allerg | ies and previous | bleomycin a | re documented or | n the Allergy & Alert Form |
| | To be given: | | Cycle | #: |
| Date of Previous Cycle: | | | | |
| ☐ Delay treatment week(s) | | | | |
| ☐ CBC & Diff, Platelets day of treatme | | | | |
| May proceed with doses as written if within 96 hours ANC greater than 1.5 x 10 ⁹ /L, Platelets greater than 100 x 10 ⁹ /L | | | | |
| Dose modification for: | | | | |
| 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 (select one) PO prior to treatment | | | | |
| ☐ Other: | | | | |
| CHEMOTHERAPY: | | | | |
| DOXOrubicin 75 mg/m² or 60 mg/m² (select one) x BSA = mg | | | | |
| | ` ' | | | |
| ☐ Dose Modification:% = _ IV push. | mg/m² x | BSA = | mg | |
| TV puon. | | | | |
| RETURN APPOINTMENT ORDERS | | | | |
| | | IIIII | JRDENS | |
| Return in <u>three</u> weeks for Cycle | · | | | |
| ☐ Last Cycle. Return in wee | eks. | | | |
| CBC & Diff, Platelets, Creatinine, ALT, | Alk Phos, Bilirub | in, GGT, LDH | I prior to each | |
| cycle. | Б | | | |
| Imaging every other cycle: Chest X- | _ | | | |
| ☐ Other, sp | pecify: | | | |
| ☐ Other tests: | | | | |
| ☐ Consults: | | | | |
| ☐ See general orders sheet for additi | onal requests. | | | |
| DOCTOR'S SIGNATURE: | | | | SIGNATURE: |
| | | | | UC: |