DOCTOR’S ORDERS

Ht _____ cm  Wt _______ kg  BSA _______ m²

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 day of treatment

May proceed with doses as written if within 96 hours ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 100 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

dimenhyDRINATE 50 to 100 mg PO prior to topotecan

CHEMOTHERAPY:

topotecan 1.25 mg/m²/day or 1 mg/m²/day (circle one) x BSA = ___________ mg

☐ Dose Modification: ___________ mg/m² x BSA = ___________ mg

IV in 50 mL NS over 30 minutes daily x 5 days.

RETURN APPOINTMENT ORDERS

☐ Return in three weeks for Doctor and Cycle ____. Book chemo to Days 1 to 5.

☐ Last Cycle. Return in ___________ weeks.

CBC & Diff, Platelets prior to each cycle

☐ CBC & Diff on days 8 & 15.

If clinically indicated: ☐ Creatinine

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests.

DOCTOR’S SIGNATURE: ____________________________  SIGNATURE: ____________________________

UC: ____________________________

BC Cancer Agency Provincial Preprinted Order GOOVTOP
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