

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 <u>www.bccancer.bc.ca/terms-of-use</u> and according to acceptable standards of care.

PROTOCOL CODE: GOSAD

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DOCTOR'S ORDERS	Ht	cm W	/tkg	BSAm²
REMINDER: Please ensure drug allergie	s and previous	bleomycin	are documented	on the Allergy & Alert Form
	o be given:		Сус	le #:
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 1.5 x 10 ⁹ /L, Platelets greater than 100 x 10 ⁹ /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				
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:% = mg/m² x BSA = mg IV push.				
RETURN APPOINTMENT ORDERS				
Return in three weeks for Cycle				
Last Cycle. Return in week				
CBC & Diff, Platelets, ALT, Alk Phos, Bill	irubin prior to ea	ach cycle.		
If clinically indicated: Creatinine				
Imaging every other cycle: Chest X-R	ay			
Other, spe	cify			
☐ Other tests:				
Consults:				
See general orders sheet for addition	nal requests.			
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: