

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</u> and according to acceptable standards of care

PROTOCOL CODE: GOTDLRM

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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 b	e given:			Сус	le #:	
Date of Previous Cycle:						
 Delay treatment week(s) CBC & Diff and platelets day 1 of treatment May proceed with doses as written, if within 48 hours ANC greater than or equal to 1.0 x 10⁹/L and Platelets greater than or equal to 100 x 10⁹/L 						
Dose modification for: Hematology Hepatotoxicity Other Toxicity						
Proceed with treatment based on blood work from						
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm						
CHEMOTHERAPY:						
methotrexate 50 mg ☐ Dose Modification:% = IM on Days 1, 3, 5 and 7		-	x BSA = _		mg	
Alternative regimen: treatment may be interrupted by weekends IM on Days 1, 3, 5 and 8 <i>AND</i>						
leucovorin 15 mg PO 30 hours after each methotrexate IM dose on Days 2, 4, 6 and 8 (or 9 if alternative regimen) mitte: 4 doses						
OR						
methotrexate 0.4 mg/kg xkg =					ma	
IV push on Days 1 to 5	mg/kg	^	ĸg =		ing	
RETURN APPOINTMENT ORDERS						
Return in two weeks for Doctor and Cycle						
Book chemo on Days 1, 3, 5 and 7 if able		ırdav (⁻	Tue. Thu.	or Sat star	t).	
Book chemo on Days 1, 3, 5 and 8 if treatment must be interrupted by weekends (Mon start). It is recommended to give Days 1, 3, 5 in the late afternoon, and Day 8 early in the morning.						
 Return in <u>two</u> weeks for Doctor and Cycle Last Cycle. Return in week(s). 	Book c	hemo	on Days ′	1 to 5.		
CBC & Diff, platelets, beta hCG tumour marker, creatinine, bilirubin, ALT prior to each cycle						
If clinically indicated: albumin chest X-ray						
Last cycle: beta hCG tumour marker weekly x 4, then every 2 weeks x 4, then every month x 9						
☐ Other tests:						
Consults:						
See general orders sheet for additional r	equests.					CIONATURE
DOCTOR'S SIGNATURE:						SIGNATURE:
						UC: