**PROTOCOL CODE:** HNNAVCAP

**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
</tr>
</thead>
</table>

**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, and Creatinine day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/L, Creatinine Clearance greater than 50 mL/min.**

Dose modification for:  
- ☐ Age / ECOG  
- ☐ Hematology  
- ☐ Other Toxicity

Proceed with treatment based on blood work from ____________________________

**CHEMOTHERAPY:**

capcitabine 1250 mg/m² or 1000 mg/m² (circle one) x BSA x (______%) = _______ mg PO BID with food x 14 days on days 1 to 14. (Round dose to nearest 150 mg)

**RETURN APPOINTMENT ORDERS**

- ☐ Return in three weeks for Doctor and Cycle _________
- ☐ Last Cycle. Return in _____ weeks.

**CBC & Diff, Platelets, and Creatinine** prior to each cycle

If clinically indicated:  
- ☐ Tot. Prot  
- ☐ Albumin  
- ☐ Bilirubin  
- ☐ GGT  
- ☐ Alk Phos.  
- ☐ AST  
- ☐ LDH  
- ☐ ALT  
- ☐ BUN

- ☐ Other tests:

- ☐ Consults:

- ☐ See general orders sheet for further orders

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

---

**BC Cancer Provincial Preprinted Order HNNAVCAP**  
Created: 1 Jul 2010  Revised: 1 Feb 2019