

**PROTOCOL CODE: LKAMLAS**

**(pre-bone marrow transplant)**

Page 1 of 1

**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**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, creatinine, GGT, alkaline phosphatase, ALT, total bilirubin, LDH, albumin, sodium, potassium, chloride, serum bicarbonate, urea, INR and PTT** day of treatment

▪ Cycle one may proceed with doses as written regardless on the ANC. Subsequent cycles may require dose reduction if ANC less than  $0.5 \times 10^9/L$  within 24h and bone marrow shows less than 5% blasts prior to this subsequent cycle. On Day 3, 5 of treatment: CBC and differential, platelets (physician responsible to monitor results and advise on supportive treatment) \*For weekend interruptions (i.e. azaCITIDine 5 on, 2 off, 2 on) these doses will be administered on Days 8 and 9 - (for this regimen proceed with doses 6 and 7 despite day 8 labs – physician responsible to monitor results and advise on supportive care)

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 30 minutes prior to azaCITIDine

☐ **prochlorperazine 10 mg** PO 30 minutes prior to azaCITIDine

☐ **Other:**

**CHEMOTHERAPY:**

**azaCITIDine 75 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg subcutaneous** daily for 7 days starting on Day 1 (date): \_\_\_\_\_.

Alternate regimen: treatment may be interrupted by weekends.

❖ may interrupt for more than 2 days but every effort should be made to avoid scheduling over long weekends

Administer doses greater than 4 mL as two syringes at two separate sites.

**SORafenib 400 mg PO twice** daily. Supply for: \_\_\_\_\_ days.

**RETURN APPOINTMENT ORDERS**

☐ Return in four weeks for Doctor and Cycle \_\_\_\_\_. Book chemo x 7 days.  
(note: maximum of 4 cycles).

☐ Last Cycle. Return in \_\_\_\_\_ week(s).

**CBC & Diff, creatinine, GGT, alkaline phosphatase, ALT, total bilirubin, LDH, albumin, sodium, potassium, chloride, serum bicarbonate, urea, INR and PTT** weekly during treatment and prior to each cycle

☐ **Bone marrow biopsy** prior to cycles 2, 3 and 4

☐ **On Days 3 and 5 of treatment: CBC and differential, platelets**

☐ **MUGA scan or Echocardiography** (if clinically indicated)

☐ **HBV viral load**

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**