



Provincial Health Services Authority

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 www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: LKAMLAS

(pre-bone marrow transplant)

DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE:	To be given:	Cycle #:		
Date of Previous Cycle: _____				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets, serum creatinine, GGT, alkaline phosphatase, ALT, Bilirubin, LDH, Albumin, sodium, potassium, chloride, serum bicarbonate, urea, INR and PTT day of treatment <ul style="list-style-type: none"> ▪ Cycle one may proceed with doses as written regardless on the ANC. Subsequent cycles may require dose reduction if ANC less than 0.5 x 10⁹/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: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. prochlorperazine 10 mg PO 30 minutes prior to azaCITIDine <input type="checkbox"/> If above ineffective, then ondansetron 8 mg PO 30 minutes prior to azaCITIDine <input type="checkbox"/> Other: _____				
CHEMOTHERAPY: azaCITIDine 75 mg/m² x BSA (rounded to nearest 0.1 mg) = _____ mg SC 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 <i>twice</i> daily. Supply for: _____ days.				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo x 7 days. (note: maximum of 4 cycles). <input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, Platelets, Creatinine, GGT, alkaline phosphatase, ALT, Bilirubin, LDH, Albumin, sodium, potassium, chloride, serum bicarbonate, urea, INR and PTT weekly during treatment and prior to each cycle <input type="checkbox"/> Bone marrow biopsy prior to cycles 2, 3 and 4 <input type="checkbox"/> On Days 3 and 5 of treatment: CBC and differential, platelets <input type="checkbox"/> MUGA scan or <input type="checkbox"/> Echocardiography (if clinically indicated) <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:		SIGNATURE:		
		UC:		