

PROTOCOL CODE: LKMDSA

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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, sodium, potassium, chloride, serum bicarbonate, INR and PTT day of treatment May proceed with doses as written if within 96 hours ANC greater than or equal to 0.5 x 10⁹/L ▪ On Day 3, 5 of treatment: CBC and differential, platelets (physician responsible to monitor results and advise on supportive treatment) *For weekend interruptions (ie. 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 _____. ondansetron 8 mg PO 30 minutes prior to azaCITIDine <input type="checkbox"/> prochlorperazine 10 mg PO 30 minutes prior to azaCITIDine <input type="checkbox"/> Other: _____		
TREATMENT: azaCITIDine <input type="checkbox"/> 75 mg/m² OR <input type="checkbox"/> 50 mg/m² OR <input type="checkbox"/> 37.5 mg/m² 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.		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo x 7 days. <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
CBC & Diff, creatinine, GGT, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, chloride, serum bicarbonate, INR and PTT weekly during treatment and prior to each cycle <input type="checkbox"/> On Days 3 and 5 of treatment: CBC & Diff <input type="checkbox"/> HBV viral load <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE: UC: