

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: LKPEGIFN

DOCTOR'S ORDERS Ht	cm Wtkg BSAm²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
DATE: To be given:	Week(s)#
☐ Delay treatment week(s)	
CBC & Diff, platelet day of treatment	
May proceed with doses as written if within 72 hours ANC <u>greater than or equal to</u> 0.75 x 10 ⁹ /L, Platelets <u>greater than or equal to</u> 50 x 10 ⁹ /L	
Dose modification for: Hematology	Other Toxicity:
Proceed with treatment based on blood work from	
TREATMENT:	
peginterferon alfa-2a (PEGASYS) mcg subcutaneous injection every week for weeks	
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Mitte: dose Repeat x	
RETURN APPOINTMENT ORDERS	
Return inweeks) for Doctor.	
First 3 months:	
☐ CBC and Diff, ALT, Alk Phos. every month	
After 3 months:	
☐ CBC and Diff, ALT, Alk Phos. every month(s)	
☐ Other tests:	
☐ Consults:	
☐ PFC ☐ Others: ☐ See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: