**PROTOCOL CODE: LUOTCAV**

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>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 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 100 x 10⁹/L, Creatinine Clearance greater than or equal to 18 mL/minute.

Dose modification for: ☐ Hematology  ☐ Other Toxicity __________________________

Procede with treatment based on blood work from __________________________

**PREMEDICATIONS:**

- Patient to take own supply. RN/Pharmacist to confirm __________________________.
- **ondansetron** 8 mg PO prior to treatment
- **dexamethasone** 8 mg or 12 mg (circle one) PO prior to treatment
- **aprepitant** 125 mg PO pre-chemotherapy on Day 1 and 80 mg PO post-chemotherapy once daily on Days 2 and 3
- **prochlorperazine** 10 mg PO prn
- **metoclopramide** 10 mg PO prn
- **Other:** __________________________

**CHEMOTHERAPY:**

- **DOX**orubicin 50 mg/m² x BSA = _________ mg
  - Dose Modification: _______% = _______ mg/m² x BSA = _________ mg
    - IV push

- **vinCRISTine** 1.2 mg/m² x BSA = _________ mg (Maximum dose = 2 mg)
  - Dose Modification: _______% = _______ mg/m² x BSA = _________ mg
    - IV in 50 mL NS over 15 minutes.

- **cyclophosphamide** 1000 mg/m² x BSA = _________ mg
  - Dose Modification: _______% = _______ mg/m² x BSA = _________ mg
    - IV in 100 to 250 mL NS over 20 minutes to 1 hour

**RETURN APPOINTMENT ORDERS**

- Return in **three** weeks for Doctor and Cycle _________
- Last Cycle. Return in _______ week(s).

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

If clinically indicated: ☐ **Bilirubin**

☐ **Other tests:**

☐ **Consults:**

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

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**