**PROTOCOL CODE:** LUSCPOE

<table>
<thead>
<tr>
<th><strong>DOCTOR’S ORDERS</strong></th>
<th>Ht_________ cm</th>
<th>Wt_________ kg</th>
<th>BSA_________ m²</th>
</tr>
</thead>
</table>

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

<table>
<thead>
<tr>
<th><strong>DATE:</strong></th>
<th>To be given:</th>
<th>Cycle #:</th>
</tr>
</thead>
</table>

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 2 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L

Dose modification for:
- [ ] Hematology
- [ ] Other Toxicity

Proceed with treatment based on blood work from _______________________

**CHEMOTHERAPY:**

etoposide _________mg PO (standard dose 50 mg) PO bid x 7 days

**RETURN APPOINTMENT ORDERS**

- [ ] Return in **three** weeks for Doctor and Cycle ________
- [ ] Last Cycle. Return in ______ week(s).

CBC & Diff, Platelets prior to each cycle

- [ ] Other tests:
- [ ] Consults:
- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**