



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: **LUSCTOP**

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 day of treatment May proceed with doses as written if within 96 hours ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, and CrCl greater than or equal to 40 mL/minute. 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 prior to treatment dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (<i>select one</i>) PO prior to treatment <input type="checkbox"/> Other: _____			
CHEMOTHERAPY:			
topotecan 1.5 mg/m ² /day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m ² x BSA = _____ mg IV in 50 mL NS over 30 minutes Days 1 to 5			
RETURN APPOINTMENT ORDERS			
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo x 5 days. <input type="checkbox"/> Last Cycle. Return in _____ week(s).			
CBC and Diff, Platelets, Creatinine prior to each cycle CBC and Diff, Platelets weekly <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.			
DOCTOR'S SIGNATURE:			SIGNATURE:
			UC: