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: HLHETCSPA
(Week 3 to 8) (Page 1 of 3)

**Have Hypersensitivity Reaction Tray and Protocol Available**

DOCTOR’S ORDERS

- Ht cm
- Wt kg
- BSA m²

REMINDER: Please ensure drug allergies are documented on the Allergy & Alert Form

DATE: 

To be given: Cycle #:

Date of Previous Cycle:

- Delay treatment ______ week(s)
- CBC & Diff and platelets, bilirubin, creatinine day 1 of treatment

Dose modification for:

- Hematology
- Other Toxicity

Proceed with treatment based on blood work from

PREMEDICATIONS:

- Patient to take own supply. RN/Pharmacist to confirm __________________________.
- Other

TREATMENT: Week 3 to 8 ONLY:

- cycloSPORINE 3 mg/kg x Wt = ____________ mg PO BID (round to the nearest 25 mg)
  - Mitte: ____________ capsules

- week 3 and 4: dexamethasone 5 mg/m² x BSA = ____________ mg PO daily (round to the nearest 2 mg)
  - Mitte: ____________ tablets OR

- week 5 and 6: dexamethasone 2.5 mg/m² x BSA = ____________ mg PO daily (round to the nearest 0.5 mg)
  - Mitte: ____________ tablets OR

- week 7 and 8: dexamethasone 1.25 mg/m² x BSA = ____________ mg PO daily (round to the nearest 0.5 mg)
  - Mitte: ____________ tablets

- etoposide 150 mg/m² x BSA = ____________ mg
  - Dose Modification: _______% = ____________ mg/m² x BSA = ____________ mg

  IV in 500 to 1000 mL (non-DEHP bag) NS over 45 to 90 minutes on Days 15, 22, 29, 36, 43, 50
  (Use non-DEHP tubing with 0.22 micron or smaller in-line filter)

EMERGENCY DRUGS FOR MANAGEMENT OF ETOPOSIDE TOXICITY:

- hydrocortisone 100 mg IV prn / diphenhydRAMINE 50 mg IV prn

See page 2

DOCTOR’S SIGNATURE

SIGNATURE

UC:
**DOCTOR'S ORDERS (Page 2 of 3)**

**DATE:**

<table>
<thead>
<tr>
<th>RETURN APPOINTMENT ORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Return in <strong>two</strong> weeks for Doctor and weeks _________. Book chemo on Day 1.</td>
</tr>
<tr>
<td>☐ Last Cycle. Return in _______ week(s).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CBC &amp; Diff, platelets, creatinine, bilirubin weekly</th>
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<tbody>
<tr>
<td>cycloSPORINE trough levels weekly once cycloSPORINE initiated</td>
</tr>
<tr>
<td>☐ If clinically indicated: ☐ ALT ☐ LDH ☐ ferritin ☐ CMV DNA levels</td>
</tr>
<tr>
<td>☐ EBV DNA levels</td>
</tr>
<tr>
<td>☐ lumbar puncture with CSF analysis (cell count and differential, protein and glucose)</td>
</tr>
<tr>
<td>☐ Other tests:</td>
</tr>
<tr>
<td>☐ Consults:</td>
</tr>
<tr>
<td>☐ See general orders sheet for additional requests.</td>
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**DOCTOR'S SIGNATURE**

**SIGNATURE**

**UC:**
**PROTOCOL CODE: HLHETCSPA**  
(Week 3 to 8) (Page 3 of 3)

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<th>Wt kg</th>
<th>BSA m²</th>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

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

Date of Previous Cycle:

- ☐ Delay treatment ______ week(s)
- ☐ CBC & Diff and Platelets prior to day 1, 8 and 15 of treatment
  
May proceed with doses as written if within 24 hours **ANC greater than or equal to 0.5 x 10⁹/L**, **Platelets greater than or equal to 40 x 10⁹/L**

Dose modification for:  
- ☐ Hematology  
- ☐ Other Toxicity ________________________________

Proceed with treatment based on blood work from ________________________________

**INTRATHECAL (IT) CHEMOTHERAPY:**

methotrexate _________ mg (standard dose 12 mg) and hydrocortisone _________ mg (standard dose 50 mg) qs to 6 mL with preservative-free NS intrathecally on week ____________.

**RETURN APPOINTMENT ORDERS**

☐ Return in 1 week for Doctor and week ________.

☐ Last Cycle. Return in ________ week(s).

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

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SIGNATURE:  
UC:  
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**MEDICATION VERIFICATION CHECKS**  
Full Signatures Required

<table>
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<tr>
<th>Date (dd/mm/yy)</th>
<th></th>
<th></th>
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methotrexate ________ mg and hydrocortisone ________ mg IT  
(RN)  
(MD)