

PROTOCOL CODE: LYABVD

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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 day 1 doses as written if within 96 hours ANC greater than or equal to 0.6 x 10⁹/L 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 _____. dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment and select ONE of the following:							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td>aprepitant 125 mg PO 30 to 60 minutes prior to treatment ondansetron 8 mg PO 30 to 60 minutes prior to treatment</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment</td> </tr> </table>				<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment ondansetron 8 mg PO 30 to 60 minutes prior to treatment	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment
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hydrocortisone 100 mg IV in 50 to 100 mL NS over 15 to 30 minutes prior to bleomycin day 1 and day 15 <input type="checkbox"/> hydrocortisone 100 mg IV prior to etoposide <input type="checkbox"/> diphenhydrAMINE 50 mg IV prior to etoposide <input type="checkbox"/> Other:							
Have Hypersensitivity Reaction Tray and Protocol Available							
TREATMENT:							
DOXOrubicin 25 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV push day 1 and day 15 vinBLAStine 6 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 50 mL NS over 15 minutes on day 1 and day 15 bleomycin 10 units/m² x BSA = _____ units IV in 50 mL NS over 15 minutes day 1 and day 15 dacarbazine 375 mg/m² x BSA = _____ mg IV in 500 mL NS over 1 to 2 hours day 1 and day 15 *if using bleomycin, see protocol regarding recommendations on when to omit bleomycin after cycle 2, based on PET result according to stage							
If Cardiac Dysfunction:							
Omit DOXOrubicin.							
Give etoposide 25 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 to 500 mL NS (non-DEHP bag) over 45 minutes (use non-DEHP tubing with 0.2 micron in-line filter) on day 1 and day 15 And etoposide 50 mg/m² x BSA x (_____ %) = _____ mg PO on day 2 and day 3 and day 16 and day 17 . Round dose to nearest 50 mg)							
If Bilirubin greater than 85 micromol/L:							
Omit DOXOrubicin.							
Give cyclophosphamide 375 mg/m² x BSA = _____ mg IV in 100 to 250 mL over 30 minutes to 1 hour. (Day 1 and day 15)							
DOCTOR'S SIGNATURE:			SIGNATURE: UC:				



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/terms-of-use and according to acceptable standards of care.

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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo Day 1 and 15.	
<input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & Diff prior to day 1 of each cycle of treatment. PET Scan between day 21 and 28 of cycle 2 <input type="checkbox"/> total bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> creatinine <input type="checkbox"/> HBV viral load every 3 months <input type="checkbox"/> HBsAg every 3 months <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: