BC CANCER
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: LYACAL

DOCTOR'S ORDERS

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

DATE:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff** day of treatment

May proceed with doses as written if within 14 days **ANC greater than or equal to 1.5 x 10^9/L, Platelets greater than or equal to 75 x 10^9/L**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity: _____**

Proceed with treatment based on blood work from _____

CHEMOTHERAPY: Continuous treatment

acalabrutinib 100 mg PO twice daily

Dose modification if required:

☐ **acalabrutinib 100 mg** PO once daily

Mitte: _____days (maximum 90 days)

RETURN APPOINTMENT ORDERS

☐ Return in _____ weeks (maximum 12 weeks) for Doctor

Prior to each doctor's visit: **CBC & Diff, total bilirubin, ALT**

If clinically indicated: ☐ **Creatinine** ☐ **PTT** ☐ **INR** ☐ **ECG** ☐ **HBV viral load**

☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: