



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: LYBEND

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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 1 of treatment				
Day 1: may proceed with doses as written, if within 96 hours ANC greater than or equal to $1.0 \times 10^9/L$ and Platelets greater than or equal to $75 \times 10^9/L$				
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 _____.				
DAY 1 and DAY 2				
Ondansetron 8 mg PO prior to treatment.				
Dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg PO (select one) prior to treatment.				
<input type="checkbox"/> Other:				
** Have Hypersensitivity Reaction Tray and Protocol Available**				
CHEMOTHERAPY:				
bendamustine <input type="checkbox"/> 90 mg/m ² or <input type="checkbox"/> 120 mg/m ² (select one) x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg				
IV in 250 to 500 mL NS over 1 hour on Day 1 and Day 2.				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo on Day 1 and Day 2.				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff prior to Day 1 of each cycle				
<input type="checkbox"/> If clinically indicated: <input type="checkbox"/> creatinine <input type="checkbox"/> ALT <input type="checkbox"/> total bilirubin <input type="checkbox"/> HBV viral load				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE		SIGNATURE		
		UC:		