**PROTOCOL CODE: LYCARTOP (topical)**

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## DOCTOR’S ORDERS

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

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

**Date of Previous Cycle:**

- [ ] Delay treatment ______ week(s)
- [ ] CBC & Diff, platelets day of treatment

May proceed with dose as written if within 72 hours **ANC greater than or equal to** $1.2 \times 10^9 /L$ or **platelets greater than or equal to** $75 \times 10^9 /L$

Dose modification for:  
- [ ] Hematology
- [ ] Other Toxicity: ___________________________

Proceed with treatment based on blood work from ____________________________.

### TREATMENT:

- **Carmustine** 0.4% in white petrolatum ointment. Apply topically once daily as directed.

- Mitte: 500 g

- Repeat x _________.

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## RETURN APPOINTMENT ORDERS

- [ ] Return in _________ weeks for Doctor.

**CBC & Diff, Platelets, every _________ months x 1 year.**

**Note:** If application to greater than 10% BSA: CBC & Diff, platelets monthly

If application to less than 10% BSA: CBC & Diff, platelets every 3 months

- [ ] Other tests:
- [ ] Consults:
- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**