

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: LYCDA

DOCTOR'S ORDERS	Ht	cm	Wt	kg	BSA	m²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form						
DATE:	To be given:			Сус	le #:	
Date of Previous Cycle:						
First cycle: Proceed with full dose as ordered, regardless of blood counts. Adjust dose for Creatinine Clearance only, if required.						
If a subsequent cycle is given: May proceed with doses as written if within 96 hours ANC greater than or equal to 1.2 x 10 ⁹ /L, Platelets greater than or equal to 100 x 10 ⁹ /L, Creatinine Clearance greater than or equal to 70 mL/min.						
Dose modification for: Creatinine Clearance Other Toxicity						
Proceed with treatment based on blood work from						
CHEMOTHERAPY: (Choose one ONLY)						
If Creatinine Clearance is greater than or equal to 70 mL/min:						
cladribine 0.14 mg/kg/day = mg/day IV in 500 mL NS over 2 hours daily on Days 1 to 5.						
cladribine 0.14 mg/kg/day = mg/day SC* daily on Days 1 to 5.						
Dose Modification if Creatinine Clearance 30 to less than 70 mL/min:						
cladribine 0.14 mg/kg/day = mg/day IV in 500 mL NS over 2 hours daily on Days 1 to 3.						
cladribine 0.14 mg/kg/day = mg/day SC* daily on Days 1 to 3. *cladribine is provided as 1 mg/mL solution. SC administration requires several syringes to be administered therefore, IV route may be preferred.						
RETURN APPOINTMENT ORDERS						
Return in week(s).						
If clinically indicated: HBV viral	load 🗌 ALT					
☐ Other tests:						
☐ Consults:						
See general orders sheet for ad	ditional requests.					
DOCTOR'S SIGNATURE:					SIGNAT	URE:
					UC:	