**PROTOCOL CODE: LYCHOP**

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
</tr>
</thead>
</table>

| 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>
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- [ ] Delay treatment _____ week(s)
- [ ] CBC & Diff, Platelets day of treatment
- May proceed with doses as written if within 96 hours ANC greater than or equal to 0.8 x 10⁹/L
- Dose modification for: [ ] Hematology  [ ] Other Toxicity
- Proceed with treatment based on blood work from

### PREMEDICATIONS:
- Patient to take own supply. RN/Pharmacist to confirm ___________________________.
- ondansetron 8 mg PO prior to treatment
- dexamethasone 8 mg or 12 mg PO (circle one) prior to treatment
- aprepitant 125 mg PO pre-chemotherapy on Day 1 and 80 mg PO post-chemotherapy once daily on Days 2 and 3
- prochlorperazine 10 mg PO prn
- metoclopramide 10 mg PO prn
- hydrocortisone 100 mg IV prior to etoposide
- diphenhydRAMINE 50 mg IV prior to etoposide
- Other:

**“Have Hypersensitivity Reaction Tray and Protocol Available”**

### CHEMOTHERAPY:
- predniSONE 45 mg/m² x BSA = _________mg PO daily in AM with food on Days 1 to 5. (Round dose to nearest 25 mg)
- DOXOrubicin 50 mg/m² x BSA = _________mg
  - [ ] Dose Modification: _______% = _________ mg/m² x BSA = _________ mg
  - IV push on Day 1
- vinCRISTine 1.4 mg/m² x BSA = _________mg
  - [ ] Dose Modification: _______% = _________ mg/m² x BSA = _________ mg
  - IV in 50 mL NS over 15 minutes on Day 1
- cyclophosphamide 750 mg/m² x BSA = _________mg
  - [ ] Dose Modification: _______% = _________ mg/m² x BSA = _________ mg
  - IV in 100 to 250mL NS over 20 minutes to 1 hour on Day 1

If cardiac dysfunction:
- Omit DOXOrubicin. Give etoposide 50 mg/m² x BSA = _________mg
  - [ ] Dose Modification: _______% = _________ mg/m² x BSA = _________ mg
  - IV in 250 to 500 mL (non-DEHP bag) NS over 45 minutes on Day 1 (use non-DEHP tubing with in-line filter), and
eoposide 100 mg/m² x BSA x (_______ %) = _________mg PO on day 2 & 3. (Round dose to nearest 50 mg).

If Bilirubin greater than 85 micromol/L:
- Omit DOXOrubicin. Change cyclophosphamide to 1100 mg/m² x BSA = _________mg
  - [ ] Dose Modification: _______% = _________ mg/m² x BSA = _________ mg
  - IV in 100 to 250 mL NS over 20 minutes to 1 hour on Day 1

### EMERGENCY DRUGS FOR MANAGEMENT OF ETOPOSIDE TOXICITY:
- hydrocortisone 100 mg IV prn / DiphenhydRAMINE 50 mg IV prn

### RETURN APPOINTMENT ORDERS

- [ ] Return in three weeks for Doctor and Cycle _________
- [ ] Last Cycle. Return in ______ week(s).

<table>
<thead>
<tr>
<th>CBC &amp; Diff, Platelets</th>
<th>prior to each cycle</th>
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<tbody>
<tr>
<td>Other tests:</td>
<td></td>
</tr>
<tr>
<td>Consults:</td>
<td></td>
</tr>
<tr>
<td>See general orders sheet for additional requests.</td>
<td></td>
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### DOCTOR’S SIGNATURE:

<table>
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<th>SIGNATURE: UC:</th>
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