DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
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REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

DATE: To be given: Cycle #:

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 $0.8 \times 10^9/L$

Dose modification for: □ Hematology □ Other Toxicity

Proceed with treatment based on blood work from

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm

dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to treatment

and select ONE of the following:

- ondansetron 8 mg PO 30 to 60 minutes prior to treatment
- aprepitant 125 mg PO 30 to 60 minutes prior to treatment
- ondansetron 8 mg PO 30 to 60 minutes prior to treatment
- netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment
- 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

etoposide 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).

□ Other tests: □ Consults:

CBC & Diff, Platelets prior to each cycle

See general orders sheet for additional requests.

DOCTOR’S SIGNATURE: SIGNATURE: UC:

BC Cancer Provincial Preprinted Order LYCHOP
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