

PROTOCOL CODE: LYCHOP

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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:

Cycle #:

Date of Previous Cycle:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff** 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 _____.

dexamethasone ☐ **8 mg** or ☐ **12 mg** (select 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

☐ **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 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 and 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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:



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/terms-of-use and according to acceptable standards of care.

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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____	
<input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & Diff prior to each cycle	
If clinically indicated: <input type="checkbox"/> HBV viral load <input type="checkbox"/> ALT	
<input type="checkbox"/> Other tests:	
<input type="checkbox"/> Consults:	
<input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: