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: LYCLLBEND

DOCTOR'S ORDERS

Ht_____cm Wt_____kg BSA_____m^2

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 1 of treatment

Day 1: may proceed with doses as written, if within 96 hours **ANC greater than or equal to 1.0 x 10^9/L** and **Platelets greater than or equal to 75 x 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 _____.

DAY 1 and DAY 2

ondansetron 8 mg PO prior to treatment

dexamethasone ☐ **8 mg** or ☐ **12 mg** PO (select one) prior to treatment

☐ **Other:**

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

CHEMOTHERAPY:

bendamustine 70 mg/m^2 x BSA = _____ mg

☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg

IV in 250 to 500 mL NS over 1 hour on **Day 1 and Day 2.**

RETURN APPOINTMENT ORDERS

☐ Return in **four** weeks for Doctor and Cycle _____. Book chemo on Day 1 and Day 2.

☐ Last Cycle. Return in _____ week(s).

CBC & Diff prior to Day 1 of each cycle

☐ If clinically indicated: ☐ creatinine ☐ AST ☐ ALT ☐ total bilirubin ☐ HBV viral load

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE

SIGNATURE

UC: