



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 and according to acceptable standards of care

PROTOCOL CODE: LYCLLIV
Cycles 1 to 3 (iBRUtinib only)

(Page 1 of 1)

DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE:

- ☐ 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 $1.0 \times 10^9/L$, platelets greater than or equal to $50 \times 10^9/L$**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity:** _____

Proceed with treatment based on blood work from _____

TREATMENT:

iBRUtinib ☐ **420 mg** or ☐ **280 mg** or ☐ **140 mg** (*select one*) PO daily

Mitte: 28 days

RETURN APPOINTMENT ORDERS

☐ Return in **four** weeks for Doctor and Cycle # _____

Prior to Cycles 2 and 3: **CBC & Diff, total bilirubin, ALT, blood pressure**

Prior to Cycle 4: **CBC & Diff, total bilirubin, ALT, creatinine, potassium, calcium, magnesium, phosphate, uric acid, urea, LDH, albumin, blood pressure**

If clinically indicated:

- ☐ **PTT** ☐ **INR** ☐ **HBV viral load**
☐ **echocardiogram** ☐ **MUGA Scan** ☐ **ECG**
☐ **Other tests:**
☐ **Consults:**
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

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