



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: LYCSPA

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:

TREATMENT:

cycloSPORINE 100 mg PO BID or _____ mg PO BID.

Mitte: _____ Capsules.

RETURN APPOINTMENT ORDERS

☐ Return in _____ weeks for Doctor and Cycle _____.

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

CBC & Diff, serum creatinine weekly x _____.

CBC & Diff, serum creatinine monthly x _____.

If clinically indicated: ☐ **HBV viral load** ☐ **ALT**

☐ **Other tests:**

☐ **Consults:**

☐ See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: