



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: LYCVP

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: _____				
<input type="checkbox"/> Delay treatment _____ week(s)				
<input type="checkbox"/> CBC & Diff day of treatment				
May proceed with doses as written if within 96 hours ANC greater than or equal to $1.2 \times 10^9/L$, Platelets greater than or equal to $100 \times 10^9/L$				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____				
Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
ondansetron 8 mg PO prior to treatment.				
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO prior to treatment.				
<input type="checkbox"/> Other: _____				
CHEMOTHERAPY:				
vinCRISTine 1.4 mg/m ² x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg				
IV in 50 mL NS over 15 mins.				
cyclophosphamide 1000 mg/m ² x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg				
IV in 100 to 250 mL NS over 20 minutes to 1 hour.				
predniSONE 100 mg PO daily in AM on Days 1-5.				
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:	