Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

**PROTOCOL CODE: LYCVP**

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
</tr>
</thead>
</table>

**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 and Platelets 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:

- □ Hematology
- □ 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 8 mg or 12 mg (circle one) PO prior to treatment.

- □ Other:

**CHEMOTHERAPY:**

- **vinCRISTine** $1.4 \text{ mg/m}^2 \times \text{BSA} = \underline{\text{mg}}$
  - □ Dose Modification: ________% = ________ mg/m² \times \text{BSA} = ________ mg
  - IV in 50 mL NS over 15 mins.

- **Cyclophosphamide** $1000 \text{ mg/m}^2 \times \text{BSA} = \underline{\text{mg}}$
  - □ Dose Modification: ________% = ________ mg/m² \times \text{BSA} = ________ mg
  - IV in 100 to 250 mL NS over 20 minutes to 1 hour.

- **Prednisone** 100 mg PO daily in AM with food on Days 1-5.

**RETURN APPOINTMENT ORDERS**

- □ Return in three weeks for Doctor and Cycle ________.
- □ Last Cycle. Return in ________ week(s).

**CBC & Diff, Platelets** prior to each cycle

- □ Other tests:
- □ Consults:
- □ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**