

# **PROTOCOL CODE: LYFACAL**

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## **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 14 days **ANC greater than or equal to  $1.5 \times 10^9/L$** , Platelets **greater than or equal to  $75 \times 10^9/L$**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity:** \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

## **CHEMOTHERAPY: Continuous treatment**

**acalabrutinib 100 mg** PO twice daily

Dose modification if required:

☐ **acalabrutinib 100 mg** PO once daily

Mitte: \_\_\_\_\_ days (maximum 90 days)

## **RETURN APPOINTMENT ORDERS**

☐ Return in \_\_\_\_\_ weeks (maximum 12 weeks) for Doctor

Prior to each doctor's visit: **CBC & Diff**, **total bilirubin**, **ALT**

If clinically indicated: ☐ **Creatinine** ☐ **PTT** ☐ **INR** ☐ **ECG** ☐ **HBV viral load**

☐ **Other tests:**

☐ **Consults:**

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

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**