## PROTOCOL CODE: LYFLU

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>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, platelets day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.2 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, and Creatinine Clearance greater than or equal to 70 mL/min**

Dose modification for:

- [ ] Hematology
- [ ] Other Toxicity

Proceed with treatment based on blood work from

### CHEMOTHERAPY:

**Standard Dose:**

- Oral fludarabine 40 mg/m²/day x BSA = __________ mg PO daily for 5 consecutive days.
  - Round dose to nearest 10 mg. Do not break, chew or crush tablets.

**OR**

**Dose Modification Required:**

- Oral fludarabine 32 mg/m²/day x BSA = __________ mg PO daily for 3 consecutive days.
  - Round dose to nearest 10 mg. Do not break, chew or crush tablets.

**OR**

**Standard Dose:**

- IV fludarabine 25 mg/m²/day x BSA = __________ mg
  - IV in 50 to 100 mL NS over 20 to 30 minutes daily for 5 days.

**OR**

**Dose Modification Required:**

- IV fludarabine 20 mg/m²/day x BSA = __________ mg
  - IV in 50 to 100 mL NS over 20 to 30 minutes daily for 3 days.

### RETURN APPOINTMENT ORDERS

**For Oral Use:**

- [ ] Return in **four** weeks for Doctor and Cycle ________.
- [ ] Last Cycle. Return in ________ week(s).

**For IV use:**

- [ ] Return in **four** weeks for Doctor and Cycle _____. Book chemo x 5 or 3 days (circle one). (Match to dose duration above)
- [ ] Last Cycle. Return in ________ week(s).

CBC & Diff, platelets, creatinine prior to each cycle.

- [ ] Other tests:
- [ ] Consults:

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**