

**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form**

**DATE:** \_\_\_\_\_ **To be given:** \_\_\_\_\_ **Cycle #:** \_\_\_\_\_ **of** \_\_\_\_\_

Date of Previous Cycle: \_\_\_\_\_

- Delay treatment \_\_\_\_\_ week(s)
- CBC & Diff and platelets** day 1 of treatment

**Day 1:** May proceed with doses as written, if within 72 hours **ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 75 x 10<sup>9</sup>/L**

**Day 8:** May proceed with doses as written, if within 24 hours **ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 75 x 10<sup>9</sup>/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 \_\_\_\_\_.

- If **prior** infusion reaction: **45 minutes prior to DOXOrubicin pegylated liposomal:**
- dexamethasone 20 mg IV in 50 mL NS over 15 minutes
- 30 minutes prior to DOXOrubicin pegylated liposomal:**
- diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible)
- prochlorperazine 10 mg PO or  metoclopramide 10mg PO prior to treatment
  - Other:**

**CHEMOTHERAPY:**

vinorelbine and gemcitabine lines to be primed with NS; DOXOrubicin pegylated liposomal line to be primed with D5W

**vinorelbine 20 mg/m<sup>2</sup>/day or 15 mg/m<sup>2</sup>/day** (select one) x BSA = \_\_\_\_\_ mg

- Dose Modification: \_\_\_\_\_% = \_\_\_\_\_ mg/m<sup>2</sup>/day x BSA = \_\_\_\_\_ mg

IV in 50 mL NS over 6 minutes on **Day 1 and Day 8**. Flush vein with 75 to 125 mL NS following infusion of vinorelbine.

**gemcitabine 1000 mg/m<sup>2</sup> or 800 mg/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

- Dose Modification: \_\_\_\_\_% = \_\_\_\_\_ mg/m<sup>2</sup>/day x BSA = \_\_\_\_\_ mg

IV in 250 mL NS over 30 minutes on **Day 1 and Day 8**.

**DOXOrubicin pegylated liposomal 15 mg/m<sup>2</sup> or 10 mg/m<sup>2</sup>** (select one) x BSA = \_\_\_\_\_ mg

- Dose Modification: \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 250 mL D5W over 1 hour\* on **Day 1 and Day 8**.

\*In Cycle 1, infuse over at least 1 h (maximum 1mg/min). For subsequent doses and no prior reaction, infuse over 1 h.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**



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/terms-of-use](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

**PROTOCOL CODE: LYGVL D**

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**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**DATE:**

**DOSE MODIFICATION IF REQUIRED ON DAY 8:**

vinorelbine 20 mg/m<sup>2</sup>/day or 15 mg/m<sup>2</sup>/day (select one) x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup>/day x BSA = \_\_\_\_\_ mg

IV in 50 mL NS over 6 minutes on **Day 8**. Flush vein with 75 to 125 mL NS following infusion of vinorelbine.

gemcitabine 1000 mg/m<sup>2</sup> or 800mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup>/day x BSA = \_\_\_\_\_ mg

IV in 250 mL NS over 30 minutes on **Day 8**.

DOXOrubicin pegylated liposomal 15 mg/m<sup>2</sup> or 10 mg/m<sup>2</sup> (select one) x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 250 mL D5W over 1 hour\* on **Day 8**.

\*If no prior reaction, infuse over 1 hour.

**RETURN APPOINTMENT ORDERS**

Return in **three** weeks for Doctor and Cycle \_\_\_\_\_. Book chemo on Day 1 and Day 8.

Last Cycle. Return in \_\_\_\_\_ week(s).

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

**CBC & Diff, Platelets** on Day 8

If clinically indicated:  bilirubin  GGT  alkaline phosphatase  
 ALT  creatinine  LDH

MUGA or  echocardiogram

Other tests:

Consults:

See general orders sheet for additional requests.

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