**DOCTOR’S ORDERS**

- **Ht** cm
- **Wt** kg
- **BSA** m²

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

<table>
<thead>
<tr>
<th><strong>DATE:</strong></th>
<th><strong>To be given:</strong></th>
<th><strong>Cycle #:</strong></th>
</tr>
</thead>
</table>

**Date of Previous Cycle:**

- □ Delay treatment ______ week(s)
- □ CBC & Diff and Platelets prior to day 1, 8 and 15 of treatment

May proceed with doses as written if within 24 hours **ANC greater than or equal to** 0.5 x 10⁹/L, **Platelets greater than or equal to** 40 x 10⁹/L

**Dose modification for:**

- □ Hematology
- □ Other Toxicity ________________________

Produce with treatment based on blood work from ____________________________

**INTRATHECAL (IT) CHEMOTHERAPY:**

- **methotrexate** ________mg IT (standard dose 12 mg) on Days 1, 8 and 15.
- **cytarabine** ________mg IT (standard dose 50 mg) on Days 4, 11 and 18.

**RETURN APPOINTMENT ORDERS**

- □ Return in _______ weeks for Doctor and Cycle ________.
- Book chemo Days 1, 4, 8, 11, 15 and 18 q 3 weeks.
- □ Last Cycle. Return in ______ week(s).

**CBC & Diff, Platelets** prior to Days 1, 8 and 15.

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

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**MEDICATION VERIFICATION CHECKS**

<table>
<thead>
<tr>
<th>Medication/Route</th>
<th>Day 1</th>
<th>Day 4</th>
<th>Day 8</th>
<th>Day 11</th>
<th>Day 15</th>
<th>Day 18</th>
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<tbody>
<tr>
<td><strong>Date (dd/mm/yy)</strong></td>
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<td>(MD)</td>
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<td>(MD)</td>
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<tr>
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</table>

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

**BC Cancer Provincial Preprinted Order LYIT**

Created: April 4th, 2005  Revised: 1 Apr 2020