



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

**PROTOCOL CODE: LYIT**

**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 #:** \_\_\_\_\_

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

- Delay treatment \_\_\_\_\_ week(s)
- Weekly Interval Option: CBC & Diff, Platelets, PTT, INR** prior to Days 1, 8 and 15 of treatment
- Single Dose Option: CBC & Diff, Platelets, PTT, INR** once prior to treatment.

May proceed with doses as written if within 24 hours **ANC greater than or equal to 0.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 50 x 10<sup>9</sup>/L, INR less than 1.5 and PTT less than or equal to ULN**

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

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

**INTRATHECAL (IT) CHEMOTHERAPY:**

**WEEKLY INTRATHECAL TREATMENTS**

**methotrexate** \_\_\_\_\_ mg IT (standard dose 12 mg) *qs to 6 mL with preservative-free NS* on Days 1, 8 and 15.

**cytarabine** \_\_\_\_\_ mg IT (standard dose 50 mg) *qs to 6 mL with preservative-free NS* on Days 4, 11 and 18.

**OR**

**SINGLE DOSE INTRATHECAL TREATMENTS**

**methotrexate** \_\_\_\_\_ mg IT (standard dose 12 mg) *qs to 6 mL with preservative-free NS* on date \_\_\_\_\_.

**cytarabine** \_\_\_\_\_ mg IT (standard dose 50 mg) *qs to 6 mL with preservative-free NS* on date \_\_\_\_\_.

*Bed rest for 30 minutes after procedure in supine position.*

**RETURN APPOINTMENT ORDERS**

- Return in \_\_\_\_\_ weeks for Doctor and Cycle \_\_\_\_\_.
- Weekly Interval Option:** Book chemo on Days 1, 4, 8, 11, 15 and 18 every 3 weeks.
- Single Dose Option:** Book chemo on date \_\_\_\_\_.
- Last Cycle. Return in \_\_\_\_\_ week(s).

**CSF cytology**

Prior to each treatment: **PTT, INR, Platelets**

**Weekly Interval Option: CBC & Diff, Platelets, PTT, INR** prior to Days 1, 8 and 15.

**Single Dose Option: CBC & Diff, Platelets, PTT, INR** prior to treatment.

**Other tests:** \_\_\_\_\_  **Consults:** \_\_\_\_\_

See general orders sheet for additional requests.

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

**PROTOCOL CODE: LYIT**

Date:

**WEEKLY INTRATHECAL TREATMENTS**

**MEDICATION VERIFICATION CHECKS**

Full Signatures Required

MEDICATION/ROUTE	Day 1	Day 4	Day 8	Day 11	Day 15	Day 18
<b>DATE (dd/mm/yy)</b>						
methotrexate 12 mg IT	(RN)	Not Given	(RN)	Not Given	(RN)	Not Given
	(MD)		(MD)		(MD)	
cytarabine 50 mg IT	Not Given	(RN)	Not Given	(RN)	Not Given	(RN)
		(MD)		(MD)		(MD)

OR

**SINGLE DOSE INTRATHECAL TREATMENTS**

**MEDICATION VERIFICATION CHECKS**

Full Signatures Required

MEDICATION/ROUTE	DATE (dd/mm/yy)	SIGNATURES
methotrexate 12 mg IT		<b>RN:</b>
		<b>MD:</b>
cytarabine 50 mg IT		<b>RN:</b>
		<b>MD:</b>