



Provincial Health Services Authority

**PROTOCOL CODE: LYSILTUX**

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.

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<b>DOCTOR'S ORDERS</b>		Ht_____cm	Wt_____kg	BSA_____m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>		
Date of Previous Cycle:				
<input type="checkbox"/> Delay treatment _____ week(s)				
<input type="checkbox"/> CBC & Diff day of treatment				
May proceed with doses as written, if within 96 hours <b>ANC greater than or equal to <math>1.0 \times 10^9/L</math>, platelets greater than or equal to <math>50 \times 10^9/L</math>, and hemoglobin less than 170 g/L.</b>				
Proceed with treatment based on blood work from _____				
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.				
diphenhydramine 50 mg PO prior to treatment.				
acetaminophen 650 to 975 mg PO prior to treatment				
<input type="checkbox"/> Other:				
<b>**Have Hypersensitivity Tray and Protocol Available**</b>				
<b>TREATMENT:</b>				
siltuximab 11 mg/kg x _____ kg = _____ mg IV in 250 mL D5W over 1 hour. Administer using a 0.2 micron in-line filter.				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in _____ week(s) for Doctor. Book chemo every 3 weeks				
<input type="checkbox"/> Return in _____ week(s) for Doctor. Book chemo every _____ weeks				
<input type="checkbox"/> Treatment finished. Return in _____ week (s).				
<b>Cycle 1 to 4:</b> CBC and Diff prior to treatment				
<b>Cycle 5 and subsequent cycles:</b> CBC and Diff prior to alternate cycles i.e., even numbered cycles				
If clinically indicated: <input type="checkbox"/> <b>HBV viral load</b>				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
<b>DOCTOR'S SIGNATURE:</b>			<b>SIGNATURE:</b>	
			<b>UC:</b>	