**PROTOCOL CODE: ULYROMI**

A BC Cancer “Compassionate Access Program” request form must be completed and approved prior to treatment.

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht________cm</th>
<th>Wt________kg</th>
<th>BSA________m²</th>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

**DATE:**

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 1.0 x 10⁹/L, Platelets greater than or equal to 50 x 10⁹/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 _______________________________.

donansetron 8 mg PO prior to treatment

dexamethasone 8 mg or 12 mg or 16 mg or 20 mg (circle one) PO prior to treatment

□ Other:

**CHEMOTHERAPY:**

romiDEPsin 14 mg/m² or 10 mg/m² (circle one) x BSA = __________mg IV in 500 mL NS over 4 hours on Days 1, 8 and 15

**RETURN APPOINTMENT ORDERS**

- □ Return in four weeks for Doctor and Cycle ______. Book chemo for Days 1, 8, and 15
- □ Last Cycle. Return in ______ week(s).

CBC & diff, platelets, electrolytes, potassium, magnesium prior to each cycle (day 1)

CBC & diff, platelets prior to days 8 and 15

If clinically indicated: □ ECG

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

**DOCTOR’S SIGNATURE:**

SIGNATURE:__________________________

UC:__________________________

BC Cancer Provincial Preprinted Order ULYROMI
Created: 1 Feb 2017 Revised: 1 May 2019