**DOCTOR’S ORDERS**

| Ht _______ cm | Wt _______ kg | BSA _______ m² |

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

| DATE: | To be given: | Week(s)# ______ |

- Delay treatment ______ week(s)
- CBC & Diff day of treatment

May proceed with doses as written if within 72 hours ANC **greater than or equal to** 0.5 x 10⁹/L, AST or ALT **less than** 5 times the upper limit of normal

Dose modification for:  
- Hematology
- Other Toxicity: _____________________________

Proceed with treatment based on blood work from _____________________________

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm ___________________________.

**Induction Phase(Weeks 1-4):** acetaminophen 650 mg PO 30 minutes prior to treatment and every 4-6 hours regularly

**Other:**

**TREATMENT:**

**Induction Phase(Weeks 1-4)**

interferon alfa-2b 20 million units/m²/day x BSA = _______ million units

- Dose Modification: _______ % = _______ million units/m² x BSA = _______ million units

IV in 50 mL NS over 20 minutes followed by 500 mL NS IV over 30 min to 1 hour. **Daily for 5 consecutive days.** (Round dose to nearest million unit)

**Maintenance Phase(Weeks 5-52)**

interferon alfa-2b 10 million units/m²/day x BSA = _______ million units

- Dose Modification: _______ % = _______ million units/m² x BSA = _______ million units

SC 3 times a week (Monday, Wednesday, and Friday) (Round dose to nearest million unit)

**Mitte:** 4 weeks ( or _______ weeks) supply

**RETURN APPOINTMENT ORDERS**

**Induction Phase(Weeks 1-4)**

- Book chemo x 5 days a week for 4 weeks
- Return **weekly** x four weeks for Doctor.
- Book subcutaneous injection teaching in _______ weeks.

**Maintenance Phase(Weeks 5-52)**

- Return in four weeks ( or _______ weeks) for Doctor.

**CBC and Diff, ALT, Alk Phos.** weekly(weeks 1-4) or every 4 weeks(weeks 5-52)

- Other tests:
  - Bilirubin
  - BUN
  - Creatinine
  - Uric acid
  - LDH
  - TSH
  - Chest X-ray

- Consults:
  - PFC
  - Others:

- See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**