BC CANCER
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 and according to acceptable standards of care

PROTOCOL CODE: MOIT

DOCTOR'S ORDERS

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)

☐ **CBC & Diff**, **INR, PTT** day of treatment **OR**

May proceed with doses as written if within 24 hours **ANC greater than or equal to 0.5 x 10^9/L, Platelets greater than or equal to 40 x 10^9/L, INR less than 1.5 and PTT less than or equal to ULN**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity** _____

CSF for: ☐ Cytology ☐ **Other**

Proceed with treatment based on blood work from _____

TREATMENT:

☐ **Methotrexate 12 mg** intrathecal qs to 6 mL with *preservative-free NS* on (date) _____

OR

☐ **Thiotepa 12 mg** intrathecal qs to 6 mL with *preservative-free NS* on (date) _____

OR

☐ **Cytarabine 50 mg** intrathecal qs to 6 mL with *preservative-free NS* on (date) _____

Maximum 2 intrathecal chemotherapy treatments weekly (e.g., Monday and Thursday). *Give one drug each treatment.*

Bed rest for 30 minutes after procedure in supine position.

Refer to local guidelines for anticoagulation and antiplatelet therapy management

RETURN APPOINTMENT ORDERS

☐ Return in _____ weeks for Doctor and Cycle _____.
Book chemo on _____.
☐ Last Cycle. Return in _____ week(s).

CSF cytology prior to cycle 1.
CBC & Diff, INR, PTT before each treatment.
☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

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PROTOCOL CODE: MOIT

DATE:		
MEDICATION VERIFICATION CHECKS **Full Signatures Required**		
MEDICATION/ROUTE	**DATE**	**SIGNATURES**
Methotrexate 12 mg **intrathecal**		**RN:** **MD:**
OR		
Thiotepa 12 mg **intrathecal**		**RN:** **MD:**
OR		
Cytarabine 50 mg **intrathecal**		**RN:** **MD:**