PROTOCOL CODE: CNAJ12TZRT

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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:	Cycle #:

Date of Previous Cycle:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff** day of treatment

For dual modality treatment: May proceed with doses as written if within 48 hours **ANC greater than or equal to 1.5 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/L, and if ordered, ALT less than or equal to 2.5 x ULN, total bilirubin less than 25 micromol/L**

For adjuvant treatment: May proceed with doses as written if within 24 hours **ANC greater than or equal to 1.5 x 10⁹/L, platelets greater than or equal to 100 x 10⁹/L, ALT less than or equal to 2.5 x ULN, total bilirubin less than 25 micromol/L** and **Day 22 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** ☐ **Hepatotoxicity**   ☐ **Other Toxicity: _____**

Proceed with treatment based on blood work from _____

CHEMOTHERAPY:

Concomitant with RT (dual modality)

temozolomide 75 mg/m² x BSA = _____ mg PO 1 hour prior to RT especially in the first week of treatment, and in AM on days without RT until the end of RT **(max. 49 days)** starting on _____.
(refer to Temozolomide Suggested Capsule Combination Table for dose rounding)

Adjuvant treatment starting 4 weeks after RT

temozolomide 150 mg/m² or _____ mg/m² x BSA = _____ mg PO once daily x 5 days starting on _____.
(refer to Temozolomide Suggested Capsule Combination Table for dose rounding)

RETURN APPOINTMENT ORDERS

☐ For dual modality treatment: Return in _____ week(s) for Doctor and Week _____.

☐ At completion of radiotherapy: Return in **four** weeks for Doctor and Cycle _____.
(Cycle 1 to start four weeks following RT.)

☐ Return in **three** weeks after start of RT for Doctor

☐ Last Cycle.   Return in _____ week(s).

☐ For dual modality treatment: **CBC & Diff** weekly x _____ week(s) starting on _____; and **ALT, total bilirubin, random glucose** before Week 1 and Week 4.

☐ For chemotherapy alone: **CBC & Diff** prior to Day 1 and Day 22; **ALT, total bilirubin, random glucose** prior to Day 1

If clinically indicated:☐ **sodium** ☐ **potassium** ☐ **magnesium** ☐ **calcium**
    ☐ **creatinine**

☐ **Other tests:**

☐ **Consults:**

☐ **Change MRP to _____**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:	SIGNATURE: UC: