



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: CNCCNU

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, Platelets day of 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 5 x ULN, Bilirubin less than or equal to 25 micromol/L, Creatinine clearance greater than or equal to 50 mL/minute and Day 28 ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 50 x 10⁹/L

Dose modification for: Hematology Renal Hepatic Other _____

Proceed with treatment based on blood work from _____

CHEMOTHERAPY:

Iomustine 110 mg/ m² or 130 mg/m² (circle one) x BSA x (_____ %) = _____ mg PO at bedtime on Day 1
(Round dose to nearest 10 mg)

RETURN APPOINTMENT ORDERS

Return in six weeks for Doctor and Cycle _____

Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, ALT, Bilirubin, Creatinine prior to each cycle

CBC & Diff, Platelets on Day 28 of each cycle

CT Head or MRI Head before every odd-numbered cycle

Pulmonary Function Tests

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: