



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: CNCCNU

DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

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  $1.5 \times 10^9/L$ , Platelets greater than or equal to  $100 \times 10^9/L$ , 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  $1 \times 10^9/L$ , Platelets greater than or equal to  $50 \times 10^9/L$

Dose modification for:  Hematology  Renal  Hepatic  Other \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

CHEMOTHERAPY:

Iomustine   $110 \text{ mg/m}^2$  or   $130 \text{ mg/m}^2$  (select 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: