



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: CNELTZRT

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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

For dual modality treatment: May proceed with doses as written if within 48 hours **ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L, and if ordered, ALT less than or equal to 2.5 x ULN, 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 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L, ALT less than or equal to 2.5 x ULN, Bilirubin less than 25 micromol/L and Creatinine less than or equal to 2 x ULN, and if Day 22 ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 50 x 10<sup>9</sup>/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/m<sup>2</sup> x BSA = \_\_\_\_\_ mg PO 1 hour prior to RT especially in the first week of treatment, and in AM on days without RT x \_\_\_\_\_ week(s) starting on \_\_\_\_\_.** (Round dose to nearest 5 mg)

Adjuvant treatment starting 4 weeks after RT

**temozolomide 150 mg/m<sup>2</sup> or \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg PO once daily x 5 days starting on \_\_\_\_\_.** (Round dose to nearest 5 mg)

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.)
- Last Cycle. Return in \_\_\_\_\_ week(s).

For dual modality treatment: **CBC & Diff, Platelets**, weekly x \_\_\_\_\_ week(s) starting on \_\_\_\_\_; and **ALT, Bili** before Week 1.

For chemotherapy alone: **CBC & Diff, Platelets** prior to Day 1 and Day 22; and **Creatinine, ALT, Bili** prior to Day 1

If clinically indicated:  Sodium  Potassium  Magnesium  Calcium

Glucose

CT or MRI head (circle one) in \_\_\_\_\_ weeks

Other tests:

Consults:

Change MRP to \_\_\_\_\_

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: