

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 <u>www.bccancer.bc.ca</u> and according to acceptable standards of care

## PROTOCOL CODE: CNETO

DOCTOR'S ORDERS	Ht	cm	Wt	kg	BSA	m²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form						
	be given:			Cycle #		
Date of Previous Cycle:						
Delay treatment week(s)						
CBC & Diff day of 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, Creatinine less than or equal to 1.5 x ULN						
Dose modification for:   Hematology			vicity			
Proceed with treatment based on blood work from						
CHEMOTHERAPY:						
etoposide 50 mg PO once daily x 21 days						
RETURN APPOINTMENT ORDERS						
Return in <b>four</b> weeks for Doctor and Cyc	le	_				
Last Cycle. Return in week(s).						
CBC & Diff, Creatinine prior to each cycle						
If clinically indicated: 🗌 Tot. Protein 🗌 🖊	Albumin 🗌	Total bilirubin	1			
Alkaline Phospha	atase		т [	Urea		
☐ Other tests:						
Consults:						
See general orders sheet for additional requests.						
DOCTOR'S SIGNATURE:					SIGNATU	RE:
					UC:	