

**PROTOCOL CODE: CNETO**

<b>DOCTOR'S ORDERS</b>		Ht _____ cm    Wt _____ kg    BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>		
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff</b> day of treatment		
May proceed with doses as written if within 24 hours <b>ANC greater than or equal to <math>1.5 \times 10^9/L</math>, Platelets greater than or equal to <math>100 \times 10^9/L</math>, Creatinine less than or equal to 1.5 x ULN</b>		
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Renal <input type="checkbox"/> Other Toxicity _____		
Proceed with treatment based on blood work from _____		
<b>CHEMOTHERAPY:</b>		
etoposide 50 mg PO once daily x 21 days		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
<b>CBC &amp; Diff, Creatinine</b> prior to each cycle  If clinically indicated: <input type="checkbox"/> Tot. Protein <input type="checkbox"/> Albumin <input type="checkbox"/> Total bilirubin <input type="checkbox"/> Alkaline Phosphatase <input type="checkbox"/> LDH <input type="checkbox"/> ALT <input type="checkbox"/> Urea  <input type="checkbox"/> Other tests: _____  <input type="checkbox"/> Consults: _____  <input type="checkbox"/> See general orders sheet for additional requests.		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>
		<b>UC:</b>