

PROTOCOL CODE: CNMODPCV

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DOCTOR'S ORDERS		Ht _____ cm Wt _____ kg BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
DATE: _____	To be given: _____	Cycle #: _____
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff day of treatment		
Day 1: May proceed with doses as written if within 96 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 25 micromol/L, Creatinine Clearance greater than or equal to 50 mL/min, and if Day 22 ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L		
Day 22: May proceed with vinCRISTine without lab results Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____		
TREATMENT:		
<u>Day 1</u>		
vinCRISTine 1.4 mg/m² x BSA = _____ mg IV in 50 mL NS over 15 minutes. (Maximum dose = 2 mg) Iomustine 110 mg/m² x BSA x (_____ %) = _____ mg PO at bedtime. (Round dose to nearest 10 mg)		
<u>Days 2 to 15</u>		
procarbazine 60 mg/m²/day x BSA x (_____ %) = _____ mg PO Days 2-15. (Round dose to nearest 50 mg) OR procarbazine 60 mg/m²/day x BSA x (_____ %) = _____ (Round dose to nearest 50 mg)		
<u>Day 22</u>		
vinCRISTine 1.4 mg/m² x BSA = _____ mg IV in 50 mL NS over 15 minutes. (Maximum dose = 2 mg)		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in six weeks for Doctor and Cycle _____. Book chemo Day 1 and 22. <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
CBC & Diff, creatinine, total bilirubin, ALT, GGT prior to each cycle Random glucose prior to each cycle (for patients on dexamethasone) CBC & Diff Day 22 <input type="checkbox"/> creatinine prior to last cycle <input type="checkbox"/> CT <input type="checkbox"/> MR <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: