



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 and according to acceptable standards of care

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, Platelets day of treatment 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, AST/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		
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____		
CHEMOTHERAPY:		
Day 1		
vinCRiStine 1.4 mg/m² x BSA = _____ mg IV in 50 mL NS over 15 minutes. (Maximum dose = 2 mg, if planned treatment greater than 4 cycles)		
lomustine 110 mg/m² x BSA x (_____ %) = _____ mg PO at bedtime. (Round dose to nearest 10 mg)		
Days 2 to 15		
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)		
Day 22		
vinCRiStine 1.4 mg/m² x BSA = _____ mg IV in 50 mL NS over 15 minutes. (Maximum dose = 2 mg, if planned treatment greater than 4 cycles)		
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, Platelets, Creatinine, Bilirubin, ALT, GGT, prior to each cycle CBC & Diff, Platelets 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: