



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: CNTEM60

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DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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

May proceed with doses as written on Day 1 if within 24 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 2.5 x ULN, Bilirubin less than 25 micromol/L** and if ordered, **Creatinine less than or equal to 2 x ULN, and Day 22 ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 50 x 10⁹/L**

Dose modification for: **Hematology** Hepatotoxicity **Other Toxicity:** _____

Proceed with treatment based on blood work from _____

CHEMOTHERAPY:

temozolomide 150 mg/m² or _____ **mg/m²** x BSA = _____mg PO daily at bedtime x 5 days

(Round dose to nearest 5 mg)

RETURN APPOINTMENT ORDERS

Return in **four** weeks for Doctor and Cycle _____

Last Cycle. Return in _____ week(s).

CBC and Diff, Platelets prior to each cycle and Day 22

ALT, Bili prior to each cycle (Day 1 only)

Every second cycle: **Creatinine**

If clinically indicated: **Electrolytes** **Magnesium** **Calcium** **Glucose**

CT or MRI head (*circle one*) every 2 cycles

Other tests:

Consults:

Change MRP to _____

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: