



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: CNTEMOZMD

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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 if Day 22 (of previous cycle) **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 50 mg/m² or 35 mg/m² (circle one) x BSA = _____ mg PO daily at bedtime x 28 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 (i.e., prior to Cycles 3, 5, etc.)

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: _____

SIGNATURE: _____

UC: _____