

PROTOCOL CODE: CNTEMOZ

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<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, Platelets</b> day of treatment May proceed with doses as written on Day 1 if within 24 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L, ALT less than or equal to 2.5 x ULN, Bilirubin less than 25 micromol/L</b> and if ordered, <b>Creatinine less than or equal to 2 x ULN, and Day 22 ANC greater than or equal to 1 x 10<sup>9</sup>/L, Platelets greater than or equal to 50 x 10<sup>9</sup>/L</b>		
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> Hepatotoxicity <input type="checkbox"/> <b>Other Toxicity:</b> _____		
<b>Proceed with treatment based on blood work from</b> _____		
<b>CHEMOTHERAPY:</b>		
<b>temozolomide 150 mg/m<sup>2</sup></b> or _____ <b>mg/m<sup>2</sup></b> x BSA = _____ mg PO daily at bedtime x 5 days		
(Round dose to nearest 5 mg)		
<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 and Diff, Platelets</b> prior to each cycle and Day 22 <b>ALT, Bili</b> prior to each cycle (Day 1 only)  Every second cycle: <b>Creatinine</b>  If clinically indicated: <input type="checkbox"/> <b>Electrolytes</b> <input type="checkbox"/> <b>Magnesium</b> <input type="checkbox"/> <b>Calcium</b> <input type="checkbox"/> <b>Glucose</b>  <input type="checkbox"/> <b>CT or MRI head</b> ( <i>circle one</i> ) every 2 or 3 cycles ( <i>circle one</i> ) <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>Change MRP to</b> _____ <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: