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: LUMMVIN

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:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff, Platelets** day of treatment

May proceed with doses as written if within 24 hours **ANC greater than or equal to 1 x 10^9/L, Platelets greater than or equal to 100 x 10^9/L**

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

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

☐ **Hydrocortisone 100 mg** IV prn

☐ **Other:**

CHEMOTHERAPY:

Vinorelbine 30 mg/m^2/day x BSA x (_____%) = _____ mg IV in 50 mL NS over 6-10 minutes **Day 1 and Day 8**

Flush vein with 75 - 125 mL NS following infusion of Vinorelbine.

DOSE MODIFICATION DAY 8:

Vinorelbine 30 mg/m^2/day x BSA = _____ mg

☐ Dose Modification: _____% = _____ mg/m^2/day x BSA = _____ mg IV in 50 mL NS over 6 minutes **Day 8**

Flush vein with 75 to 125 mL NS following infusion of Vinorelbine

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle _____. Book chemo Day 1 and 8.

☐ Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets prior to each treatment

If clinically indicated prior to each cycle: ☐ **Creatinine** ☐ **Bilirubin**

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: