



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: GUPMX

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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 <u>greater than or equal to</u> 1.5 x 10⁹/L, Platelets <u>greater than or equal to</u> 90 x 10⁹/L				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____				
Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
<input type="checkbox"/> metoclopramide 10 mg PO or <input type="checkbox"/> prochlorperazine 10 mg PO prior to treatment <input type="checkbox"/> Other: _____				
CHEMOTHERAPY:				
mitoXANTRONE <input type="checkbox"/> 12 mg/m ² or <input type="checkbox"/> _____ mg/m ² (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 50 mL NS over 5 minutes				
predniSONE <input type="checkbox"/> 10 mg PO daily or <input type="checkbox"/> 5 mg PO BID mitte 42 tablets				
*Steroid Dosing Option: dexamethasone 1.5 mg daily. Mitte: _____ days				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, Platelets, PSA prior to each cycle If clinically indicated: <input type="checkbox"/> Bilirubin				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	