



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: GOOVTOP

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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 if within 96 hours ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/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 _____

dimenhyDRINATE 50 to 100 mg PO prior to topotecan

CHEMOTHERAPY:

topotecan 1.25 mg/m²/day or 1 mg/m²/day (select one) x BSA = _____ mg

Dose Modification: _____ mg/m² x BSA = _____ mg

IV in 50 mL NS over 30 minutes daily x 5 days.

RETURN APPOINTMENT ORDERS

Return in **three** weeks for Doctor and Cycle _____. Book chemo to Days 1 to 5.

Last Cycle. Return in _____ weeks.

Cycle 1: CBC & Diff, Platelets prior to day 1, and on days 8 and 15

Subsequent cycles: CBC & Diff, platelets prior to day 1; if indicated, also on day 8 and day 15

Prior to next cycle, if clinically indicated: Creatinine CA 125 CA 15-3

CA 19-9 CEA

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: _____

SIGNATURE: _____

UC: _____