



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: GOTDLRA

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 and platelets** day 1 of treatment

May proceed with doses as written, if within 48 hours **ANC greater than or equal to 1.0 x 10⁹/L** and **Platelets greater than or equal to 100 x 10⁹/L**

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

Proceed with treatment based on blood work from _____

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

ondansetron 8 mg PO 30 to 60 minutes prior to treatment

dexamethasone 8 mg PO 30 to 60 minutes prior to treatment, then **4 mg** PO every 12 hours x 4 doses

Other

CHEMOTHERAPY:

DACTINomycin 1.25 mg/m² x BSA = _____ mg (maximum 2 mg)

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

IV push

RETURN APPOINTMENT ORDERS

Return in **two** weeks for Doctor and Cycle _____.

Last Cycle. Return in _____ week(s).

CBC & Diff, platelets, beta hCG tumour marker, bilirubin, ALT, alk phos, LDH, GGT prior to each cycle

If clinically indicated: creatinine sodium potassium

Last cycle: beta hCG tumour marker weekly x 4, then every 2 weeks x 4, then every month x 9

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: