BC CANCER
Provincial Health Services Authority

PROTOCOL CODE: HNLACAFRT

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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:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff, Platelets, Creatinine, ALT, Bilirubin, Alkaline Phosphatase** day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.5 x 10^9/L, Platelets greater than or equal to 100 x 10^9/L, Creatinine less than or equal to 120 micromol/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 _____.

ondansetron 8 mg PO prior to treatment

dexamethasone 8 mg PO prior to treatment

☐ **Other:**

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CHEMOTHERAPY:
Concurrent With Radiation Therapy

CARBOplatin 70 mg/m^2 x BSA = _____ mg

☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg

IV in NS 100 to 250 mL over 30 minutes Days 1 to 4

fluorouracil 600 mg/m^2/day x BSA = _____ mg/day for 4 days (total dose = _____mg over 96 h)

☐ Dose Modification: _____mg/m^2/day x BSA = _____mg/day for 4 days (total dose = _____mg over 96 h)

IV in D5W to a total volume of 480 mL by continuous infusion at 5 mL/h via TWO Baxter LV5 infusors (Total dose should be divided equally – each 240 mL over 48 hours)

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle _____

☐ Return in 2 days for second fluorouracil infusor

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

CBC & Diff, Platelets, Creatinine, Bilirubin, ALT, Alkaline Phosphatase prior to each cycle

☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: