

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: HLHETCSPA

(Week 1 and 2) (Page 1 of 2)

DOCTOR'S ORDERS	Ht	cm Wt_	kg	BSA	m²
REMINDER: Please ensure drug allergies are documented on the Allergy & Alert Form					
DATE:	To be given:		Cycle	e #:	
Date of Previous Cycle:					
□ Delay treatment week(s)□ CBC & Diff and platelets, bilirubin,	creatinine day 1 o	f treatment			
Dose modification for:					
Proceed with treatment based on blood work from					
PREMEDICATIONS: Patient to take or ☐ Other	wn supply. RN/Ph	armacist to cor	nfirm		·
** Have Hypersensitivity Reaction Tray and Protocol Available**					
TREATMENT: Week 1 and 2 ONLY:					
cycloSPORINE 3 mg/kg x Wt = Mitte: capsules	mg PO l	BID (round to t	he nearest 25 m	ng)	
dexamethasone 10 mg/m² x BSA = mg PO daily (round to the nearest 2 mg) Mitte: tablets					
etoposide 150 mg/m² x BSA =% Dose Modification:% IV in 500 to 1000 mL (non-DEHP bag) DEHP tubing with 0.2 micron in-line filter)	o = NS over 45 minute				d 11 . (Use non-
EMERGENCY DRUGS FOR MANAG hydrocortisone 100 mg IV prn / diphenh			XICITY:		
See page 2					
DOCTOR"S SIGNATURE				SIC	GNATURE
				uc	2:



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(Week 1 and 2) (Page 2 of 2)

DOCTOR'S ORDERS (Page 2 of 2)					
DATE:					
RETURN APPOINTMENT ORDERS					
Return in two weeks for Doctor and week 3. Book chemo on Days 1. Last Cycle. Return in week(s).					
CBC & Diff, platelets, creatinine, bilirubin weekly cycloSPORINE trough levels weekly once cycloSPORINE initiated If clinically indicated: ALT LDH ferritin CMV DNA levels EBV DNA levels Week 3: lumbar puncture with CSF analysis (cell count and differential, protein and glucose) Other tests: Consults: See general orders sheet for additional requests.					
DOCTOR"S SIGNATURE	SIGNATURE				
	UC:				