

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: LYCHOP

Page 1 of 1

DOCTOR'S ORDERS Htcm Wtkg	BSAm²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the A	Allergy & Alert Form
DATE: To be given: Cyc	cle #:
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 0.8 x 10 ⁹ /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	
dexamethasone ☐ 8 mg or ☐ 12 mg (select one) PO 30 to 60 minutes prior to treatment and select ONE of the following:	
ondansetron 8 mg PO 30 to 60 minutes prior to treatment	
aprepitant 125 mg PO 30 to 60 minutes prior to treatment ondansetron 8 mg PO 30 to 60 minutes prior to treatment	
netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment	
 ☐ hydrocortisone 100 mg IV prior to etoposide ☐ diphenhydrAMINE 50 mg IV prior to etoposide ☐ Other: 	
Have Hypersensitivity Reaction Tray and Protocol Available	
CHEMOTHERAPY:	
predniSONE 45 mg/m² x BSA =mg PO daily in AM on Days 1 to 5. (Round of	dose to nearest 25 mg)
DOXOrubicin 50 mg/m ² x BSA =mg	
☐ Dose Modification:% = mg/m² x BSA = mg	
IV push on Day 1	
vinCRIStine 1.4 mg/m² x BSA =mg	
☐ Dose Modification:% = mg/m² x BSA = mg	
IV in 50 mL NS over 15 minutes on Day 1	
cyclophosphamide 750 mg/m² x BSA =mg	
☐ Dose Modification:% = mg/m² x BSA = mg	
IV in 100 to 250mL NS over 20 minutes to 1 hour on Day 1	
If cardiac dysfunction:	
Omit DOXOrubicin. Give etoposide 50 mg/m² x BSA =mg	
☐ Dose Modification:% = mg/m² x BSA = mg	
IV in 250 to 500 mL (non-DEHP bag) NS over 45 minutes on Day 1 (use non-DEHP tul	
etoposide 100 mg/m²x BSA x (%) =mg PO on day 2 and 3. (Round dose to nearest 50 mg).	
If Bilirubin greater than 85 micromol/L:	
Omit DOXOrubicin . Change cyclophosphamide to 1100 mg/m² x BSA =	mg
Dose Modification:% = mg/m² x BSA = mg	
IV in 100 to 250 mL NS over 20 minutes to 1 hour on Day 1	
EMERGENCY DRUGS FOR MANAGEMENT OF ETOPOSIDE TOXICITY: hydrocortisone 100 mg IV prn / diphenhydrAMINE 50 mg IV prn	
RETURN APPOINTMENT ORDERS	
Return in three weeks for Doctor and Cycle Last Cycle. Return in week(s).	
CBC & Diff, Platelets prior to each cycle	
☐ Other tests: ☐ Consults:	
☐ See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: