

PROTOCOL CODE: BRAJCAP

(Page 1 of 2)

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: _____				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, creatinine day of treatment				
May proceed with doses as written if within 96 hours ANC greater than or equal to 1.5 x 10⁹/L, platelets greater than or equal to 75 x 10⁹/L, creatinine clearance greater than or equal to 50 mL/min.				
Dose modification for: <input type="checkbox"/> Age/ECOG <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____				
Proceed with treatment based on blood work from _____				
TREATMENT:				
capecitabine <input type="checkbox"/> 1000 mg/m² or <input type="checkbox"/> _____ mg/m² (select one) x BSA x (_____ %) = _____ mg PO BID x 14 days on Days 1 to 14.				
Pharmacist to select dose band per last page of PPO. Complete table below (please print)				
Drug	Dose Band (mg)	Pharmacist Initial and Date		
capecitabine				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____				
<input type="checkbox"/> Last Cycle. RTC in _____ week(s).				
CBC & Diff, creatinine prior to each cycle.				
If Clinically Indicated: <input type="checkbox"/> albumin <input type="checkbox"/> total bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> ALT <input type="checkbox"/> LDH <input type="checkbox"/> urea				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Weekly nursing assessment for (specify concern): _____				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC:

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(Page 2 of 2)

CAPECITABINE DOSE BANDING TABLE

Ordered Dose (mg)		Rounded dose (mg)	Number of Tablets Per Dose	
From:	To:		150 mg	500 mg
226	375	300	2	
376	475	450	3	
476	575	500		1
576	725	650	1	1
726	900	800	2	1
901	1075	1000		2
1076	1225	1150	1	2
1226	1400	1300	2	2
1401	1575	1500		3
1576	1725	1650	1	3
1726	1900	1800	2	3
1901	2075	2000		4
2076	2225	2150	1	4
2226	2400	2300	2	4
2401	2575	2500		5
2576	2725	2650	1	5
2726	2900	2800	2	5
2901	3075	3000		6
3076	3225	3150	1	6
3226	3400	3300	2	6
3401	3575	3500		7
3576	3725	3650	1	7
3726	3900	3800	2	7