



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: GOENDD

Page 1 of 1

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 day of treatment May proceed with doses as written if within 96 hours ANC greater than 1.5 x 10⁹/L, platelets greater than 100 x 10⁹/L Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> 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 <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO prior to treatment <input type="checkbox"/> Other: _____					
TREATMENT: DOXOrubicin <input type="checkbox"/> 75 mg/m² or <input type="checkbox"/> 60 mg/m² (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV push.					
RETURN APPOINTMENT ORDERS					
<input type="checkbox"/> Return in three weeks for Cycle _____. <input type="checkbox"/> Last Cycle. Return in _____ weeks.					
CBC & Diff, ALT, alkaline phosphatase, total bilirubin prior to each cycle. If clinically indicated: <input type="checkbox"/> creatinine <input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> CA 19-9 <input type="checkbox"/> CA125 <input type="checkbox"/> CA 15-3 <input type="checkbox"/> CEA <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC: