



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

### PROTOCOL CODE: GOOVIN

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<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form					
<b>DATE:</b>		<b>To be given:</b>		<b>Cycle #:</b>	
Date of Previous Cycle: _____					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff</b> day of treatment May proceed with Day 1 doses as written if within 72 hours <b>ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, platelets greater than or equal to 100 x 10<sup>9</sup>/L</b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____					
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____					
<input type="checkbox"/> hydrocortisone 100 mg IV PRN <input type="checkbox"/> <b>Other:</b> _____					
<b>TREATMENT:</b>					
vinorelbine 25 mg/m <sup>2</sup> x BSA = _____ mg					
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg					
IV in 25 to 50 mL NS over 6 minutes on <b>Day 1 and Day 8</b> .					
Flush vein with 75 to 125 mL NS following infusion of vinorelbine.					
<b>RETURN APPOINTMENT ORDERS</b>					
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____. Book <b>treatment</b> Days 1 and 8.					
<input type="checkbox"/> Last Cycle. Return in _____ week(s).					
<b>CBC &amp; Diff</b> prior to Day 1, each cycle. No labs required prior to Day 8 treatment.					
If clinically indicated:					
<input type="checkbox"/> total bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> creatinine <input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> CEA <input type="checkbox"/> CA 15-3 <input type="checkbox"/> CA-125 <input type="checkbox"/> CA 19-9 <input type="checkbox"/> SCC <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>					
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>	
				<b>UC:</b>	