



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: LUMMVIN**

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**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form**

**DATE:** \_\_\_\_\_ **To be given:** \_\_\_\_\_ **Cycle #:** \_\_\_\_\_

Date of Previous Cycle: \_\_\_\_\_

- Delay treatment \_\_\_\_\_ week(s)
- CBC & Diff** day of treatment

May proceed with doses as written if within 24 hours **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**

Dose modification for:  **Hematology**  **Other Toxicity** \_\_\_\_\_

**Proceed with treatment based on blood work from** \_\_\_\_\_

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm \_\_\_\_\_.

- Hydrocortisone 100 mg IV PRN**
- Other:**

**TREATMENT:**

**vinorelbine 30 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

**Dose Modification:** \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg  
IV in **25 to 50 mL NS** over 6 minutes **on Day 1 and Day 8**

Flush vein with **75 to 125 mL NS** following infusion of **vinorelbine**.

**DOSE MODIFICATION DAY 8:**

**vinorelbine 30 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

**Dose Modification:** \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg  
IV in **25 to 50 mL NS** over 6 minutes **Day 8**

Flush vein with **75 to 125 mL NS** following infusion of **vinorelbine**.

**RETURN APPOINTMENT ORDERS**

- Return in **three** weeks for Doctor and Cycle \_\_\_\_\_. Book **treatment Days 1 and 8**.
- Last Cycle. Return in \_\_\_\_\_ week(s).

**CBC & Diff** prior to each treatment

If clinically indicated prior to each cycle:  **creatinine**  **total bilirubin**

**Other tests:**

**Consults:**

**See general orders sheet for additional requests.**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**