



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 and according to acceptable standards of care

PROTOCOL CODE: LYCHLOR

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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, Platelets day of treatment

May proceed with doses as written if within 48 hours ANC greater than or equal to 1.2 x 10⁹/L and Platelets greater than or equal to 80 x 10⁹/L

Dose modification for: Hematology Other Toxicity _____

Proceed with treatment based on blood work from _____

CHEMOTHERAPY: (Choose one ONLY)

chlorambucil 0.4 mg/kg or _____ mg/kg (select one) = _____ mg PO for one dose on day 1 every 2 weeks for _____ doses.

Do NOT exceed 0.8 mg/kg every 2 weeks. Round dose to the nearest 2 mg.

OR

chlorambucil 0.2 mg/kg once daily or _____ mg/kg (select one) once daily = _____ mg PO once daily for 21 days starting on _____.

Round dose to the nearest 2 mg.

OR

chlorambucil 0.1 mg/kg once daily or _____ mg/kg (select one) once daily = _____ mg PO once daily.

Mitte: _____

Round dose to the nearest 2 mg.

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor and Cycle _____

Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets prior to each cycle, or if using continuous daily dosing, prior to each return appointment.

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: