



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

PROTOCOL CODE: LYMF BEX

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:

May proceed with doses as written if within 24 hours (for first treatment) or 7 days (for subsequent prescriptions) ANC **greater than or equal to**  $0.8 \times 10^9$  /L, fasting triglycerides **less than or equal to** 3.5 mmol/L and ALT and bilirubin **less than or equal to** 3 times the upper limit of normal range.

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

TREATMENT:

**bexarotene**  300 mg/m<sup>2</sup>/day OR  400 mg/m<sup>2</sup>/day OR  200 mg/m<sup>2</sup>/day (select one) = \_\_\_\_\_ mg PO once daily. (round off to nearest 75 mg)

Mitte: \_\_\_\_\_ months

RETURN APPOINTMENT ORDERS

Return in **eight** weeks for Doctor.

Return in \_\_\_\_\_ week(s).

**CBC & Diff, Platelets, ALT, Bilirubin, Fasting Triglycerides, TSH and T4** every two months.

**ALT, Bilirubin and Fasting Triglycerides** weekly after initiating treatment (until stabilization – usually first 2-4 weeks)

**Other tests:**

**Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: