



Provincial Health Services Authority

**PROTOCOL CODE: BRAVLCAP**

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.

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
<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, Platelets</b> day of treatment May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 75 x 10<sup>9</sup>/L, Creatinine Clearance greater than 50 mL/min.</b>				
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____				
Proceed with treatment based on blood work from _____				
<b>TREATMENT:</b>				
<b>capecitabine 1000 mg/m<sup>2</sup> x BSA x ( _____ %) = _____ mg PO BID x 14 days on days 1 to 14.</b> (refer to <a href="#">Capecitabine Suggested Tablet Combination Table</a> for dose rounding)				
<b>lapatinib</b> <input type="checkbox"/> 1250 mg or <input type="checkbox"/> _____ mg (select one) PO ONCE DAILY on days 1 to 21 (continuously). (Round dose to nearest 250 mg)				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; Diff, Platelets, Creatinine, bilirubin, Alk Phos, ALT</b> prior to each cycle				
<input type="checkbox"/> INR Weekly		<input type="checkbox"/> INR prior to each cycle		
<input type="checkbox"/> <b>Other tests:</b>				
<input type="checkbox"/> <b>Weekly nursing assessment</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>