



Provincial Health Services Authority

PROTOCOL CODE: LYSILTUX

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 and according to acceptable standards of care.

DOCTOR'S ORDERS			Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form					
DATE:	To be given:	Cycle #:			
Date of Previous Cycle:					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets, Hemoglobin day of treatment Proceed with treatment based on blood work from _____					
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. diphenhydrAMINE 50 mg PO prior to treatment. acetaminophen 650 to 975 mg PO prior to treatment <input type="checkbox"/> Other:					
Have Hypersensitivity Tray and Protocol Available					
TREATMENT: siltuximab 11 mg/kg x _____ kg = _____ mg IV in 250 mL D5W over 1 hour. Administer using a 0.2 micron in-line filter.					
RETURN APPOINTMENT ORDERS					
<input type="checkbox"/> Return in _____ week(s) for Doctor. Book chemo every 3 weeks <input type="checkbox"/> Return in _____ week(s) for Doctor. Book chemo every _____ weeks <input type="checkbox"/> Treatment finished. Return in _____ week (s).					
Cycle 1 to 4: CBC and Diff, Platelets, Hemoglobin prior to treatment Cycle 5 and subsequent cycles: CBC and Diff, Platelets, Hemoglobin prior to alternate cycles i.e., even numbered cycles <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC: