



Provincial Health Services Authority

**PROTOCOL CODE: GUAVD**

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:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
<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 24 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L</b>		
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____		
Proceed with treatment based on blood work from _____		
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.  ondansetron 8 mg PO prior to treatment dexamethasone 8 mg or 12 mg (circle one) PO prior to treatment  <input type="checkbox"/> Other: _____		
<b>CHEMOTHERAPY:</b>		
<b>DOXO</b> rubicin 60 mg/m <sup>2</sup> x BSA x ( _____ %) = _____ mg IV push		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
<b>CBC &amp; Diff, Platelets</b> prior to each treatment day  If clinically indicated: <input type="checkbox"/> Bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> LDH <input type="checkbox"/> ALT <input type="checkbox"/> MUGA <input type="checkbox"/> Echocardiogram		
<input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>
		<b>UC:</b>