



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 and according to acceptable standards of care.

PROTOCOL CODE: LYABVD

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 day 1 doses as written if within 96 hours **ANC greater than or equal to 0.6 x 10⁹/L**

Dose modification for: Hematology Other Toxicity _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

dexamethasone 8 mg or 12 mg (select one) PO 30 to 60 minutes prior to treatment and select ONE of the following:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | aprepitant 125 mg PO 30 to 60 minutes prior to treatment
ondansetron 8 mg PO 30 to 60 minutes prior to treatment |
| <input type="checkbox"/> | netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment |

hydrocortisone 100 mg IV in 50 to 100 mL NS over 15 to 30 minutes prior to bleomycin **day 1** and **day 15**

- hydrocortisone 100 mg IV prior to etoposide
- diphenhydrAMINE 50 mg IV prior to etoposide
- Other: _____

****Have Hypersensitivity Reaction Tray and Protocol Available****

TREATMENT:

DOXOrubicin 25 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV push **day 1** and **day 15**

vinBLASStine 6 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 50 mL NS over 15 minutes on **day 1** and **day 15**

bleomycin 10 units/m² x BSA = _____ units IV in 50 mL NS over 15 minutes **day 1** and **day 15**

dacarbazine 375 mg/m² x BSA = _____ mg IV in 500 mL NS over 1 to 2 hours **day 1** and **day 15**

***if using bleomycin, see protocol regarding recommendations on when to omit bleomycin after cycle 2, based on PET result according to stage**

If Cardiac Dysfunction:

Omit DOXOrubicin. Give etoposide 25 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 100 to 500 mL NS (non-DEHP bag) over 45 minutes (use non-DEHP tubing with 0.2 micron in-line filter) on **day 1** and **day 15**

And etoposide 50 mg/m² x BSA x (_____ %) = _____ mg PO on **day 2** and **day 3** and **day 16** and **day 17**.

Round dose to nearest 50 mg)

If Bilirubin greater than 85 micromol/L:

Omit DOXOrubicin. Give cyclophosphamide 375 mg/m² x BSA = _____ mg IV in 100 to 250 mL over 30 minutes to 1 hour. (**Day 1** and **day 15**)

EMERGENCY DRUGS FOR MANAGEMENT OF ETOPOSIDE DRUG REACTION:

hydrocortisone 100 mg IV prn / diphenhydrAMINE 50 mg IV prn

DOCTOR'S SIGNATURE: _____

SIGNATURE: _____
UC: _____

PROTOCOL CODE: LYABVD

DOCTOR'S ORDERS	
DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo Day 1 and 15. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<p>CBC & Diff, platelets prior to day 1 of each cycle of treatment.</p> <p>PET Scan between day 21 and 28 of cycle 2</p> <input type="checkbox"/> total bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> creatinine <input type="checkbox"/> HBV viral load every 3 months <input type="checkbox"/> HBsAg every 3 months <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: