



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: LYCARTOP (topical)

DOCTOR'S ORDERS

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 dose as written if within 72 hours **ANC greater than or equal to** 1.2×10^9 /L or **platelets greater than or equal to** 75×10^9 /L

Dose modification for: **Hematology** **Other Toxicity:** _____
 Proceed with treatment based on blood work from _____.

TREATMENT:

Carmustine 0.4% in white petrolatum ointment. Apply topically once daily as directed.

Mitte: 500 g

Repeat x _____.

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor.

CBC & Diff, Platelets, every _____ months x 1 year.

Note: If application to greater than 10% BSA: CBC & Diff, platelets monthly
 If application to less than 10% BSA: CBC & Diff, platelets every 3 months

- Other tests:**
- Consults:**
- See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

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