



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: HNAVFUFA

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DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

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 doses as written if within 96 hours 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
Dose modification for:  Hematology  Other Toxicity \_\_\_\_\_
Proceed with treatment based on blood work from \_\_\_\_\_

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

CHEMOTHERAPY:
leucovorin 20 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg IV push prior to fluorouracil weekly x \_\_\_\_\_ weeks.
fluorouracil 500 mg/m<sup>2</sup> x BSA x ( \_\_\_\_\_ %) = \_\_\_\_\_ mg IV push weekly x \_\_\_\_\_ weeks.

RETURN APPOINTMENT ORDERS

Return in  two or  four (select one) weeks for Doctor and Cycle \_\_\_\_\_.
Book chemo weekly x \_\_\_\_\_ weeks.
 Last Cycle. Return in \_\_\_\_\_ week(s).

CBC & Diff, Platelets every two weeks.
IF clinically indicated:  Bilirubin, ALT, alkaline phosphatase
 Other tests:
 Consults:
 See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_
UC: \_\_\_\_\_