



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 and according to acceptable standards of care

PROTOCOL CODE: HNAVM

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, Creatinine day of treatment

May proceed with doses as written if within 96 hours **ANC greater than 1.5 x 10⁹/L, Platelets greater than 150 x 10⁹/L**
Caution if creatinine clearance is less than 80 ml/min. See dose modifications for Renal Dysfunction.

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:

One cycle = **2** week

methotrexate _____ mg/m² x BSA x (_____ %) = _____ mg IV push once weekly x 2 weeks

OR

methotrexate _____ mg/m² x BSA x (_____ %) = _____ mg PO twice weekly for 2 weeks.
(Round dose to nearest 2.5 mg)

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor and Cycle _____. Book chemo weekly for at least 2 weeks.

Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Creatinine every two weeks

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: