

**PROTOCOL CODE: LYCVPPABO** PAGE 1 OF 2

<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					
DATE:	To be given:	Cycle #:			
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 48 hours <b>ANC greater than or equal to 0.8 x 10<sup>9</sup>/L</b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____					
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>ondansetron 8 mg</b> PO prior to treatment. <b>dexamethasone</b> <input type="checkbox"/> <b>8 mg</b> or <input type="checkbox"/> <b>12 mg</b> (select one) PO prior to treatment. <b>hydrocortisone 100 mg IV</b> prior to bleomycin in 50 to 100 mL NS over 15 to 30 minutes prior to bleomycin on <b>day 8</b> . <input type="checkbox"/> <b>hydrocortisone 100 mg IV</b> prior to etoposide <input type="checkbox"/> <b>diphenhydrAMINE 50 mg IV</b> prior to etoposide <input type="checkbox"/> <b>Other:</b> _____					
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>					
<b>CHEMOTHERAPY:</b>					
<b>DAY 1:</b>					
<b>vinBLASTine 6 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 50 mL NS over 15 minutes <b>cyclophosphamide 600 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 100 to 250 mL NS over 20 minutes to 1 hour. <b>predniSONE 45 mg/m<sup>2</sup></b> x BSA = _____ mg PO daily x 14 days in AM. (Round to nearest 25 mg) <b>procarbazine 100 mg/m<sup>2</sup></b> x BSA = _____ mg PO daily x 7 days. (Round to nearest 50 mg)					
<b>DAY 8:</b>					
<b>DOXOrubicin 35 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV push. <b>vinCRistine 1.4 mg/m<sup>2</sup></b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 50 mL NS over 15 minutes <b>bleomycin 10 units/m<sup>2</sup></b> x BSA = _____ units IV in 50 mL NS over 15 minutes.					
<input type="checkbox"/> <b>If bilirubin greater than 85 micromol/L, omit DOXOrubicin.</b> Substitute <b>cyclophosphamide 525 mg/m<sup>2</sup></b> x BSA = _____ mg IV in 100 to 250 mL NS over 20 minutes to 1 hour on Day 8.					
<input type="checkbox"/> <b>If cardiac dysfunction, omit DOXOrubicin.</b> Substitute <b>etoposide 35 mg/m<sup>2</sup></b> x BSA = _____ mg IV in 100 to 250 mL NS (non-DEHP bag) over 45 minutes on day 8 (Use Non-DEHP tubing with 0.2 micron in-line filter) AND <b>etoposide 70 mg/m<sup>2</sup></b> x BSA = _____ mg PO on days 9 and 10. (Round dose to nearest 50 mg)					
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>
					<b>UC:</b>

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<b>DOCTOR'S ORDERS</b>	
DATE:	To be given: Cycle #:
<b>EMERGENCY DRUGS FOR MANAGEMENT OF ETOPOSIDE TOXICITY:</b>	
hydrocortisone 100 mg IV prn / diphenhydramine 50 mg IV prn	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle # _____. Book Chemo on Days 1 and 8. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<b>CBC &amp; Diff, Platelets</b> prior to each treatment.  <input type="checkbox"/> If clinically indicated: <b>Bilirubin</b>  <input type="checkbox"/> <b>Other tests:</b>  <input type="checkbox"/> <b>Consults:</b>  <input type="checkbox"/> See general orders sheet for additional requests.	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>