



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: CNPROC

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 doses as written if within 24 hours **ANC greater than or equal to** $1.5 \times 10^9/L$, **Platelets greater than or equal to** $100 \times 10^9/L$, **AST or ALT less than or equal to** $5 \times ULN$, **Bilirubin less than or equal to** 25 micromol/L

Dose modification for: **Hematology** **Hepatic** **Other Toxicity** _____

Proceed with treatment based on blood work from _____

Procarbazine diet sheet to be given to patient

CHEMOTHERAPY:

procarbazine $100 \text{ mg/m}^2/\text{day}$ x BSA x (_____ %) = _____ mg PO daily for 14 days
(Round dose to nearest 50 mg)

OR

procarbazine $100 \text{ mg/m}^2/\text{day}$ x BSA x (_____ %) = _____
(Round dose to nearest 50 mg)

RETURN APPOINTMENT ORDERS

Return in **four** weeks for Doctor and Cycle _____

Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Bilirubin, ALT prior to each cycle

If clinically indicated: **Serum Glucose**

CT or MRI Head before every odd-numbered cycle

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: