



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: LUSCCAV

DOCTOR'S ORDERS		Ht _____ cm Wt _____ kg BSA _____ m ²						
REMINDER: 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"/> 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 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, Creatinine Clearance greater than or equal to 18 mL/minute. Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____								
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment and select ONE of the following: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td>ondansetron 8 mg PO 30 to 60 minutes prior to treatment</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>aprepitant 125 mg PO 30 to 60 minutes prior to treatment ondansetron 8 mg PO 30 to 60 minutes prior to treatment</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment</td> </tr> </table> <input type="checkbox"/> Other:			<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment ondansetron 8 mg PO 30 to 60 minutes prior to treatment	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment
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CHEMOTHERAPY:								
DOXOrubicin 50 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____% = _____ mg/m ² x BSA = _____ mg IV push vinCRistine 1.2 mg/m² x BSA = _____ mg (Maximum dose = 2 mg) <input type="checkbox"/> Dose Modification: _____% = _____ mg/m ² x BSA = _____ mg IV in 50 mL NS over 15 minutes. cyclophosphamide 1000 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____% = _____ mg/m ² x BSA = _____ mg IV in 100 to 250 mL NS over 20 minutes to 1 hour								
RETURN APPOINTMENT ORDERS								
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).								
CBC & Diff, Platelets, Creatinine prior to each cycle If clinically indicated: <input type="checkbox"/> Bilirubin <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.								
DOCTOR'S SIGNATURE:		SIGNATURE:						
		UC:						