



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: LYCDA

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: _____				
First cycle: Proceed with full dose as ordered, regardless of blood counts. Adjust dose for Creatinine Clearance only, if required.				
If a subsequent cycle is given: May proceed with doses as written if within 96 hours ANC greater than or equal to 1.2 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, Creatinine Clearance greater than or equal to 70 mL/min.				
Dose modification for: <input type="checkbox"/> Creatinine Clearance <input type="checkbox"/> Other Toxicity _____				
Proceed with treatment based on blood work from _____				
CHEMOTHERAPY: (Choose one ONLY)				
<u>If Creatinine Clearance is greater than or equal to 70 mL/min:</u>				
cladribine 0.14 mg/kg/day = _____ mg/day IV in 500 mL NS over 2 hours daily on Days 1 to 5.				
cladribine 0.14 mg/kg/day = _____ mg/day SC* daily on Days 1 to 5.				
<u>Dose Modification if Creatinine Clearance 30 to less than 70 mL/min:</u>				
cladribine 0.14 mg/kg/day = _____ mg/day IV in 500 mL NS over 2 hours daily on Days 1 to 3.				
cladribine 0.14 mg/kg/day = _____ mg/day SC* daily on Days 1 to 3.				
*cladribine is provided as 1 mg/mL solution. SC administration requires several syringes to be administered therefore, IV route may be preferred.				
RETURN APPOINTMENT ORDERS				
Return in _____ week(s).				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:		SIGNATURE:		
		UC:		