



# BC Cancer Agency

CARE & RESEARCH

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: GOOV CYCPO

## DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**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 96 hours **ANC greater than**  $1 \times 10^9/L$ , Platelets **greater than or equal to**  $100 \times 10^9/L$

Dose modification for:  **Hematology**  **Other Toxicity** \_\_\_\_\_

**Proceed with treatment based on blood work from** \_\_\_\_\_

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm \_\_\_\_\_.

**Other:**

CHEMOTHERAPY:

**cyclophosphamide 50 mg PO** once daily for 28 days.

**DOSE REDUCTION:**

**cyclophosphamide 25 mg PO** once daily for 28 days.

## RETURN APPOINTMENT ORDERS

Return in **four** weeks for Doctor and Cycle \_\_\_\_\_

Last Cycle. Return in \_\_\_\_\_ week(s).

**CBC & Diff, and Platelets** prior to each cycle

If clinically indicated:  Creatinine  CA 125

**Other tests:**

**Consults:**

**See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: