

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: BRAJCAP

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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, creatinine day	of treatment					
May proceed with doses as written if within 96 hours ANC <u>greater than or equal to</u> 1.5 x 10 ⁹ /L, Platelets <u>greater than or equal to</u> 75 x 10 ⁹ /L, Creatinine Clearance <u>greater than or equal to</u> 50 mL/min.						
Dose modification for: Age/ECOG Hematology Other Toxicity						
Proceed with treatment based on blood work from						
CHEMOTHERAPY:						
capecitabine 1000 mg/m² or mg/m² x BSA x (%) =mg PO BID x 14 days on Days 1 to 14. (refer to Capecitabine Suggested Tablet Combination Table for dose rounding)						
RETURN APPOINTMENT ORDERS						
☐ Return in <u>three</u> weeks for Doctor and	Cycle					
Last Cycle. RTC in week(s	s).					
CBC & Diff, Platelets, Creatinine prior to	each cycle.					
If Clinically Indicated: ☐ Albumin ☐ E ☐ ALT ☐ L	Bilirubin □ GGT [.DH □ BUN	Alk Phos	s.			
Other tests:						
☐ Weekly nursing assessment						
☐ Consults:						
☐ See general orders sheet for furthe	r orders					
DOCTOR'S SIGNATURE:				1	SIGNATU	JRE:
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