

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 <a href="www.bccancer.bc.ca">www.bccancer.bc.ca</a> and according to acceptable standards of care

PROTOCOL CODE: BRAVCMF

DOCTOR'S ORDERS	Ht	cm	Wt	kg	BSA	m²
REMINDER: Please ensure drug allergi		bleomyc	in are d			Allergy & Alert Form
DATE: 1	o be given:			Сус	le #:	
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 or equal to 1.5 x 10 <sup>9</sup> /L, Platelets greater than or equal to 90 x 10 <sup>9</sup> /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						
ondansetron 8 mg PO prior to treatment dexamethasone ☐ 8 mg or ☐ 12 mg (select one) PO prior to treatment ☐ Other:						
CHEMOTHERAPY:						
methotrexate 40 mg/m <sup>2</sup> x BSA =% = Dose Modification:% = IV push	mg/m <sup>2</sup> x	BSA =		mg		
fluorouracil 600 mg/m² x BSA =% = Dose Modification:% = IV push		BSA = _		mg		
cyclophosphamide 600 mg/m² x BSA =% =   Dose Modification:% =   IV in 100 to 250 mL NS over 20 minutes	mg/m <sup>2</sup> x	BSA =		mg		
RETURN APPOINTMENT ORDERS						
Return in three weeks for Doctor and C Last Cycle. Return in	=					
CBC & Diff, Platelets prior to each cycle  If clinically indicated:		eatinine				
DOCTOR'S SIGNATURE:					SIGNA	TURE:
					UC:	