

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: LUAVPEM

DOCTOR'S ORDERS	Htcm	Wt	kg	BSA	m²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form					
DATE: To be give	en:		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 or equal to 1.5 x 10 ⁹ /L, Platelets greater than or equal to 100 x 10 ⁹ /L					
Dose modification for: Hematology Proceed with treatment based on blood work from		-			
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm					
dexamethasone 4 mg PO bid for 3 days starting one day prior to each treatment Ensure patient is taking folic acid and has had vitamin B12 injection starting at least 7 days prior to first cycle, and to					
continue while on treatment, until 21 days after last pemetrexed dose. Other:					
CHEMOTHERAPY: pemetrexed 500 mg/m² x BSA = mg Dose Modification:% = mg/m² x BSA = mg IV in 100 mL NS over 10 minutes					
RETURN APPOINTMENT ORDERS					
Return in three weeks for Doctor and Cycle Last Cycle. Return in week(s).					
CBC & Diff, Platelets, Bili, ALT, Alk Phos, LDH price CBC & Diff, Platelets weekly during Cycles 1 and 2 If clinically indicated: Creatinine Vitamin B12 injection required every 9 weeks. Patien This patient to receive injection in clinic. Next injection Other tests: Consults: See general orders sheet for additional requesitions.	ent to obtain supply.				
DOCTOR'S SIGNATURE:			SIG	SNATURE	<u> </u>