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: GOOVLDOX

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:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff, Platelets** day of treatment

May proceed with doses as written if within 24 hours **ANC greater than or equal to 1.0 x 10^9/L, Platelets greater than or equal to 100 x 10^9/L**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity** _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: (No prophylactic antiemetics usually necessary)

If ***prior*** infusion reaction:

45 minutes prior to DOXOrubicin pegylated liposomal:

☐ **dexamethasone 20 mg** IV in 50 mL D5W over 15 minutes

30 minutes prior to DOXOrubicin pegylated liposomal:

☐ **diphenhydrAMINE 50 mg** IV in NS 50 mL over 15 minutes and **famotidine 20 mg** IV in NS 100 mL over 15 minutes (Y-site compatible)

☐ **Other:**

CHEMOTHERAPY:

All lines to be primed with D5W

DOXOrubicin pegylated liposomal 40 mg/m^2 *or* 30 mg/m^2 (select one) x BSA = _____ mg

☐ Dose Modification: _____mg/m^2 x BSA = _____mg

IV in 250 to 500 mL D5W over 1 hour*

*In Cycle 1, infuse over at least 1 h (maximum 1mg/min). For subsequent doses and no prior reaction, infuse over 1 h.

RETURN APPOINTMENT ORDERS

☐ Return in **four** *or* **five** weeks *(select one)* for Doctor and Cycle ___

☐ Last Cycle. Return in _____ week(s).

CBC with differential, platelets, prior to each cycle

If clinically indicated: ☐ **Tot. Prot** ☐ **Albumin** ☐ **Bilirubin** ☐ **GGT** ☐ **Alk Phos.** ☐ **LDH** ☐ **ALT** ☐ **BUN** ☐ **Creatinine** ☐ **CA 125** ☐ **CA 19-9** ☐ **CA 15-3** ☐ **CEA**

☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: