



PROTOCOL CODE: BRAJCMFPO

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: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets day of treatment May proceed with doses as written if within 96 hours ANC <u>greater than or equal to</u> $1.5 \times 10^9/L$, Platelets <u>greater than or equal to</u> $90 \times 10^9/L$ Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> 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 PO prior to treatment <input type="checkbox"/> Other: _____		
CHEMOTHERAPY: DAY 1 and 8: Methotrexate 40 mg/m²/day x BSA x (_____ %) = _____ mg IV push on Day 1 and 8 Fluorouracil 600 mg/m²/day x BSA x (_____ %) = _____ mg IV push on Day 1 and 8 Cyclophosphamide 100 mg/m²/day x BSA x (_____ %) = _____ mg PO daily on Days 1-14 (Round dose to nearest 25 mg)		
OR		
DOSE MODIFICATION REQUIRED ON DAY 8: Methotrexate 40 mg/m²/day x BSA x (_____ %) = _____ mg IV push Fluorouracil 600 mg/m²/day x BSA x (_____ %) = _____ mg IV push Cyclophosphamide 100 mg/m²/day x BSA x (_____ %) = _____ mg PO daily on Days 8-14 (Round dose to nearest 25 mg)		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book Chemo room Day 1 and 8. <input type="checkbox"/> Last Cycle. Return in _____ week(s)		
CBC & Diff, Platelets prior to each treatment If clinically indicated: <input type="checkbox"/> Bilirubin <input type="checkbox"/> AST <input type="checkbox"/> Creatinine <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE: _____		SIGNATURE: _____ UC: _____