



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: UBRLACEF

A BCCA "Compassionate Access Program" request form must be completed and approved prior to treatment.

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 x 10⁹/L, Platelets <u>greater than or equal to</u> 100 x 10⁹/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 (circle one) PO prior to treatment <input type="checkbox"/> aprepitant 125 mg PO pre-chemotherapy on Day 1 and 80 mg PO post-chemotherapy once daily on Days 2 and 3 <input type="checkbox"/> prochlorperazine 10 mg PO prn <input type="checkbox"/> metoclopramide 10 mg PO prn <input type="checkbox"/> Other: _____		
CHEMOTHERAPY: DAY 1 and 8: epirubicin 60 mg/m²/day x BSA x (_____ %) = _____ mg IV push on Day 1 and 8 fluorouracil 500 mg/m²/day x BSA x (_____ %) = _____ mg IV push on Day 1 and 8 cyclophosphamide 75 mg/m²/day x BSA x (_____ %) = _____ mg PO daily on Days 1-14 (round to nearest 25 mg)		
DOSE MODIFICATION REQUIRED ON DAY 8: epirubicin 60 mg/m²/day x BSA x (_____ %) = _____ mg IV push fluorouracil 500 mg/m²/day x BSA x (_____ %) = _____ mg IV push cyclophosphamide 75 mg/m²/day x BSA x (_____ %) = _____ mg PO daily on Days 8 -14 (round 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 _____ weeks.		
CBC & Diff, Platelets prior to each treatment If clinically indicated: <input type="checkbox"/> Bilirubin <input type="checkbox"/> Creatinine <input type="checkbox"/> Muga Scan <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: