



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: UBRVTCAP

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 greater than or equal to $1.5 \times 10^9/L$, Platelets greater than or equal to $75 \times 10^9/L$, Creatinine Clearance greater than 50 mL/min.				
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 _____.				
<input type="checkbox"/> Other: _____				
Have Hypersensitivity Reaction Tray and Protocol Available				
CHEMOTHERAPY:				
trastuzumab (HERCEPTIN) 6 mg/kg x _____ kg = _____ mg IV in 250 mL NS over 30 minutes on Day 1				
capecitabine 1250 mg/m ² or 1000 mg/m ² (circle one) x BSA x (_____ %) = _____ mg PO BID with food x 14 days on days 1 –14. (Round dose to nearest 150 mg)				
acetaminophen 325 mg – 650 mg PO PRN for headache and rigors				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____.				
<input type="checkbox"/> Last Cycle. Return in _____ weeks.				
CBC & Diff, Platelets, Creatinine prior to each cycle				
<input type="checkbox"/> INR Weekly <input type="checkbox"/> INR prior to each cycle				
If clinically indicated: <input type="checkbox"/> Tot. Prot <input type="checkbox"/> Albumin <input type="checkbox"/> Bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> Alk Phos.				
<input type="checkbox"/> AST <input type="checkbox"/> LDH <input type="checkbox"/> ALT <input type="checkbox"/> BUN <input type="checkbox"/>				
<input type="checkbox"/> Other tests: <input type="checkbox"/> ECG <input type="checkbox"/> Echocardiogram <input type="checkbox"/> MUGA Scan				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	