## IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 604-875-4077 IMMEDIATELY Vancouver CoastalHealth VA: VGH / UBCH / GFS VC: BP / Purdy / GPC ODDEDS

,		es must be selected to be o	rdered)	(Page 1 of 1)
Time:  Consent obtained for lumbar puncture			Time Process RN/LPN Initia Comments	
INTRATHECAL treatment #	of planned numbe	er of treatments :		
LABORATORY: Proceed with treatment be drawn within 72 hours of *OR*	pased on blood wor	k from (date):		
☐ Blood work on day of trea CBC with differer ☐ SCr				
	glucose prot	ein DIAGNOSTIC LP (	FLOW CYTOMETRY)	
(If required, complete CS	F Fluid Test Requis	sition)		
CHEMOTHERAPY: Complete a separate orde  Use preservative-free solu  BCCA Code for PCIS order entry:  Lumbar puncture under fluoroscopy	tions only.		inistered.	
methotrexate 12 mg IT			(time):	
cytarabine 50 mg IT		Give on (date):		
methotrexate 12 mg plus hydrocortise	one 50 mg IT	Give on (date):	(time):	
cytarabine 40 mg plus hydrocortisone	e 50 mg IT	Give on (date):	(time):	
methotrexate 12 mg plus cytarabine	40 mg plus			
hydrocortisone 50 mg IT		Give on (date):	(time):	
other (specify):		Give on (date):	(time):	
MEDICATION VERIFICATION CHECKS at tin	ne of administrati	on (full signatures require	e <b>d)</b> :	
DATE		SIGNATURES		
RN/MD:		MD:		
				1
<ul> <li>NOTES TO PHYSICIAN (Unit Clerk/Pharmac</li> <li>Refer to Leukemia-BMT Manual for</li> </ul>		·		
<ul> <li>lumbar puncture</li> <li>If this is a diagnostic LP for a leuke hematology lab so that flow cytome</li> </ul>				
Prescriber's Signature	Printed Name		College ID	