



Provincial Health Services Authority

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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: BRAVNAV

| | | | | |
|--|--|---------------------------|-------------|--------------------------|
| 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 24 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 90 x 10⁹/L Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> ECOG <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"/> prochlorperazine 10 mg PO or <input type="checkbox"/> metoclopramide 10 mg PO prior to treatment <input type="checkbox"/> hydrocortisone 100 mg IV in 50 mL NS over 20 minutes pre-vinorelbine (for patients who have had previous phlebitis) <input type="checkbox"/> Other: _____ | | | | |
| CHEMOTHERAPY: | | | | |
| DAY 1 and 8 | | | | |
| vinorelbine <input type="checkbox"/> 30 mg/m ² /day or <input type="checkbox"/> 25 mg/m ² /day (select one) x BSA = _____ mg | | | | |
| <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg | | | | |
| IV in 50 mL NS over 6 minutes on Day 1 and Day 8. Flush vein with 75 to 125 mL NS following infusion of vinorelbine | | | | |
| OR | | | | |
| DOSE MODIFICATION REQUIRED ON DAY 8 | | | | |
| vinorelbine <input type="checkbox"/> 30 mg/m ² /day or <input type="checkbox"/> 25 mg/m ² /day (select one) x BSA = _____ mg | | | | |
| <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg | | | | |
| IV in 50 mL NS over 6 minutes. Flush vein with 75 to 125 mL NS following infusion of vinorelbine | | | | |
| RETURN APPOINTMENT ORDERS | | | | |
| <input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo room Day 1 and Day 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"/> Other tests: | | | | |
| <input type="checkbox"/> Consults: | | | | |
| <input type="checkbox"/> See general orders sheet for additional requests. | | | | |
| DOCTOR'S SIGNATURE: | | | | SIGNATURE: |
| | | | | UC: |