

PROTOCOL CODE: GUBMITO

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<b>DOCTOR'S ORDERS</b>				Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>						
<b>DATE:</b>	<b>To be given:</b>	<b>Induction: Week#:</b>	<b>Maintenance: Month#</b>			
Date of Previous Cycle:						
<input type="checkbox"/> Delay treatment _____ week(s) <span style="margin-left: 200px;"><input type="checkbox"/> Omit treatment _____ week(s)</span>						
No routine labs tests required before each treatment						
<b>** Have Spill Kit and Protocol Available**</b>						
<b>CHEMOTHERAPY:</b>  Insert urinary catheter (insert Foley)  Empty bladder completely at time of catheterization  <b>Intra-operative (single dose):</b> <input type="checkbox"/> mitomycin 40 mg in 20 mL sterile water for injection for instillation into bladder  <b>Induction (weekly for 6 doses):</b> <input type="checkbox"/> mitomycin 40 mg in 20 mL sterile water for injection for instillation into bladder  <b>Maintenance (monthly for 10 doses):</b> <input type="checkbox"/> mitomycin 40 mg in 20 mL sterile water for injection for instillation into bladder  After 1 to 2 hours unclamp the catheter and allow the urine and mitomycin to drain into the drainage bag  After one additional hour of diuresis, remove catheter						
<b>RETURN APPOINTMENT ORDERS</b>						
<input type="checkbox"/> Notify urologist office to book flexible cystoscopy post induction and every third maintenance dose (approximately every 3 months). <input type="checkbox"/> Book maintenance doses every <b>four</b> weeks x _____ treatments to start six weeks after the end of induction therapy <input type="checkbox"/> Last maintenance dose: notify urologist office to book follow up.						
If clinically indicated:  <input type="checkbox"/> CBC & Diff, Platelets, <input type="checkbox"/> Sodium, Potassium, Urea, Creatinine <input type="checkbox"/> See general orders sheet for additional requests.						
DOCTOR'S SIGNATURE:				SIGNATURE:		
				UC:		