

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 <a href="www.bccancer.bc.ca">www.bccancer.bc.ca</a> and according to acceptable standards of care

## PROTOCOL CODE: LUAVPMTN

DOCTOR'S ORDERS	Ht	cm	Wt	kg	BSA	m²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form						
DATE: To be g	jiven:			Cycle #		
Date of Previous Cycle:						
<ul><li>□ Delay treatment week(s)</li><li>□ CBC &amp; Diff, Platelets day of treatment</li></ul>						
May proceed with doses as written if within 96 hours ANC <u>greater than or equal to</u> 1.5 x 10 <sup>9</sup> /L, Platelets <u>greater than or equal to</u> 100 x 10 <sup>9</sup> /L, Creatinine Clearance <u>greater than or equal to</u> 45 mL/minute (if creatinine ordered)						
Dose modification for:  Hematology  Proceed with treatment based on blood work to	from					
PREMEDICATIONS: Patient to take own supp	oly. RN/Phar	macist to c	onfirm			<del>.</del>
dexamethasone 4 mg PO bid for 3 days starting one day prior to each treatment						
Ensure patient is taking <b>folic acid</b> and has had <b>vitamin B12</b> injection starting at least 7 days prior to first cycle, and to continue while on treatment, until 21 days after last pemetrexed dose.						
☐ Other:						
pemetrexed 500 mg/m² x BSA x = mg  Dose Modification: % = mg/m² x BSA = mg  IV in 100 mL NS over 10 minutes						
RETURN APPOINTMENT ORDERS						
Return in three weeks for Doctor and Cycle Last Cycle. Return in week(s).	<del>-</del>					
CBC & Diff, Platelets, Bili, ALT, Alk Phos, LDH CBC & Diff, Platelets weekly during Cycles 1 and If clinically indicated:  Creatinine vitamin B12 injection required every 9 weeks; p This patient to receive injection in clinic. Next in Other tests:  Consults:  See general orders sheet for additional received.	d 2 atient to obta injection due	in supply				
DOCTOR'S SIGNATURE:				SIC	NATUR	E:
				UC	:	