



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

**PROTOCOL CODE: LYCSPA**

**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

**DATE:**

**To be given:**

**Cycle #:**

Date of Previous Cycle:

**TREATMENT:**

**cycloSPORINE** 100 mg PO BID or \_\_\_\_\_ mg PO BID.

Mitte: \_\_\_\_\_ Capsules.

**RETURN APPOINTMENT ORDERS**

Return in \_\_\_\_\_ weeks for Doctor and Cycle \_\_\_\_\_.

Last Cycle. Return in \_\_\_\_\_ week(s).

**CBC & Diff, serum creatinine** weekly x \_\_\_\_\_.

**CBC & Diff, serum creatinine** monthly x \_\_\_\_\_.

**Other tests:**

**Consults:**

**See general orders sheet for additional requests.**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**