

PROTOCOL CODE: CNTEMOZ

(Page 1 of 1)

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 on Day 1 if within 24 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, ALT less than or equal to 2.5 x ULN, Bilirubin less than 25 micromol/L and if ordered, Creatinine less than or equal to 2 x ULN, and Day 22 ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 50 x 10⁹/L		
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Hepatotoxicity <input type="checkbox"/> Other Toxicity: _____ Proceed with treatment based on blood work from _____		
CHEMOTHERAPY:		
temozolomide <input type="checkbox"/> 150 mg/m ² or <input type="checkbox"/> _____ mg/m ² (select one) x BSA = _____ mg PO daily at bedtime x 5 days (refer to Temozolomide Suggested Capsule Combination Table for dose rounding)		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
CBC and Diff, Platelets prior to each cycle and Day 22 ALT, Bili prior to each cycle (Day 1 only) Every second cycle: Creatinine If clinically indicated: <input type="checkbox"/> Electrolytes <input type="checkbox"/> Magnesium <input type="checkbox"/> Calcium <input type="checkbox"/> Glucose <input type="checkbox"/> CT or <input type="checkbox"/> MRI head (select one) every <input type="checkbox"/> 2 or <input type="checkbox"/> 3 cycles (select one) <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> Change MRP to _____ <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		SIGNATURE:
		UC: