



Doctor's Order Sheet

topotecan Regimen

ARIA Protocol Name: Topotecan

Adult Chemotherapy- Medical Oncology

Recurrent Small Cell Lung Cancer Therapy



CC2030 0074 01 2020

Name: _____

HCN: _____

Date of Birth: _____

Weight: _____ kg Height: _____ cm Body Surface Area (BSA) = _____

Allergies:

☐ **No Known**

Date: DD/MONTH/YYYY

Planned Administration Date: DD/MONTH/YYYY

Cycle _____ of _____

Cycle Duration: 21 days

Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** $1 \times 10^9/L$ and platelets **greater than or equal to** $100 \times 10^9/L$, otherwise notify Medical Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS:

☐ metoclopramide 10 mg PO

☐ Other: _____

CHEMOTHERAPY:

☐ **topotecan 1.5 mg/m^2** X BSA = _____ mg IV in 50 mL normal saline

over 30 minutes on days 1 to 5

☐ Dose modification: **topotecan 1.25 mg/m^2** X BSA = _____ mg IV in 50 mL normal saline

over 30 minutes on days 1 to 5

☐ Dose modification: **topotecan 1 mg/m^2** X BSA = _____ mg IV in 50 mL normal saline

over 30 minutes on days 1 to 5

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.