

Doctor's Order Sheet

temozolomide 200 Regimen
ARIA Protocol Name: temozolomide 200
 Adult Chemotherapy - Medical Oncology
 Malignant Melanoma Therapy



CC6230 0433 12 2023

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: 28 days

Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** $1.5 \times 10^9/L$ and platelets **greater than or equal to** $100 \times 10^9/L$, otherwise notify Medical Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS (FOR COMMUNITY PHARMACY):

30 minutes pre temozolomide: ondansetron 8 mg PO daily on days 1 to 5

Other: _____

CHEMOTHERAPY (FOR COMMUNITY PHARMACY):

temozolomide 200 mg/m² X BSA = _____ mg **PO** daily on days 1 to 5

Dose modification: **temozolomide 150 mg/m²** X BSA = _____ mg **PO** daily on days 1 to 5

Dose modification: **temozolomide 100 mg/m²** X BSA = _____ mg **PO** daily on days 1 to 5

This prescription is NOT eligible for pharmacist prescribing by dispensing pharmacist.

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.