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| 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: _____ | | |
| No Treatment Delay for Day 1 Bloodwork. Dose modification for: _____ <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____ | | |
| PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Days 1 to 5 dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment on Day 1 ; then dexamethasone 4 mg PO BID on Days 2 to 5 aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1 ; then 80 mg PO daily on Day 2 and 3 hydrocortisone 100 mg IV prior to bleomycin on Day 1, Day 8, and Day 15 <input type="checkbox"/> hydrocortisone 100 mg IV prior to etoposide <input type="checkbox"/> diphenhydrAMINE 50 mg IV prior to etoposide | | |
| **Have Hypersensitivity Reaction Tray and Protocol Available** | | |
| PRE-HYDRATION: 1000 mL NS with 20 mEq potassium chloride and 2 g magnesium sulfate over 1 hour prior to cisplatin | | |
| CHEMOTHERAPY: CISplatin 20 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV in 100 mL NS over 30 minutes on Days 1 to 5 etoposide 100 mg/m²/day x BSA x (_____ %) = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV in 250 to 1000 mL (non-DEHP bag) NS over 45 min to 1 hour 30 min on Days 1 to 5 (use non-DEHP tubing with 0.2 micron in-line filter). bleomycin = _____ units (dose is 30 units)* IV in 50 mL NS over 10 minutes Day 1, Day 8, and Day 15 *bleomycin dose will need to be filled in with suggested dosing. Any dose modifications can result in inferior outcomes. | | |
| POST-HYDRATION: 500 mL NS over 30 minutes to 1 hour post chemotherapy on days 1 to 5 | | |
| STANDING ORDER FOR ETOPOSIDE TOXICITY: hydrocortisone 100 mg IV prn / diphenhydrAMINE 50 mg IV prn | | |
| RETURN APPOINTMENT ORDERS | | |
| <input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo Days 1 to 5, Day 8 & 15 <input type="checkbox"/> Last Cycle. Return in _____ week(s). | | |
| CBC & Diff, Platelets, Creatinine, LDH, AFP, beta hCG tumour marker, magnesium, sodium, potassium, random glucose prior to each cycle Creatinine on Day 8 and Day 15, if patient receiving bleomycin CBC & Diff, Platelets on Day 5, if ANC on Day 1 less than 1.0 x 10 ⁹ /L Creatinine on Day 5, if creatinine on Day 1 greater than upper limit of normal <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: | | |
| DOCTOR'S SIGNATURE: | | SIGNATURE: UC: |