



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: GOEP

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: _____				
May proceed with Day 5 etoposide if ANC greater than or equal to 1.0 x 10⁹/L				
NO TREATMENT DELAY FOR DAY 1 BLOOD WORK.				
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 Days 1 to 5, and at hour 8 daily				
aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1, then 80 mg PO daily on Day 2 and 3				
<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				
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 = _____ mg				
<input type="checkbox"/> Dose Modification: _____% = _____ mg/m ² /day x BSA = _____ mg				
IV in 250 to 1000 mL NS (non-DEHP bag) over 45 minutes to 1 hour 30 minutes (use non-DEHP tubing with 0.2 micron in-line filter) 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.				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, Platelets, sodium, potassium, creatinine, magnesium prior to each cycle.				
If Clinically Indicated: <input type="checkbox"/> LDH <input type="checkbox"/> AFP <input type="checkbox"/> beta hCG tumour marker				
<input type="checkbox"/> CBC & Diff, Platelets on Day 5 (all cycle except cycle 1) if ANC on Day 1 less than 1.0 x 10 ⁹ /L				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: