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 and according to acceptable standards of care

PROTOCOL CODE: GOTDEMACO

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:

On admission (Day 1): CBC & diff, Creatinine, sodium, potassium, alk phos, ALT, GGT, LDH, Bilirubin, beta hCG tumour marker.

On Day 8 (as outpatient): CBC & diff, Creatinine

Day 1: May proceed with doses as written if within 24 hours **ANC greater than or equal to 1.0 x 10^9/L and Platelets greater than or equal to 75 x 10^9/L**, and **Creatinine Clearance greater than or equal to 60 mL/min**.

Day 8: May proceed with treatment without lab results.

Dose modification for: ☐ **Toxicity** _____

Proceed with treatment based on bloodwork from: _____

PREMEDICATIONS:

DAY 1

ondansetron 8 mg PO prior to chemotherapy on Day 1, then continue q12h x 6 doses total.

dexamethasone 8 mg PO prior to chemotherapy on Day 1, then 4 mg PO q12h x 5 doses.

DAY 8

ondansetron 8 mg PO prior to chemotherapy on Day 8, then continue q12h x 4 doses total.

dexamethasone 8 mg PO prior to chemotherapy on Day 8, then 4 mg PO q12h x 3 doses.

☐ **hydrocortisone 100 mg** IV prior to etoposide

☐ **diphenhydrAMINE 50 mg** IV prior to etoposide

****Have Hypersensitivity Reaction Tray and Protocol Available****

CHEMOTHERAPY:

DAY 1

DACTINomycin _____mg IV push (*usual dose 0.5 mg*)

etoposide 100 mg/m^2 x BSA = _____mg IV in NS 250 to 1000 mL over 45 minutes to 1 hour 30 minutes. (Use non-DEHP bag and tubing with 0.2 micron in-line filter)

methotrexate 300 mg/m^2 x BSA = _____mg IV in NS 250 to 500 mL over 12 hours.

DAY 2

DACTINomycin _____mg IV push (*usual dose 0.5 mg*)

etoposide 100 mg/m^2 x BSA = _____mg IV in NS 250 to 1000 mL over 45 minutes to 1 hour 30 minutes. (Use non-DEHP bag and tubing with 0.2 micron in-line filter)

leucovorin (folinic acid) 15 mg PO q12h x 4 doses, beginning 24 hours after start of Day 1 methotrexate.

Dose modification if required:

☐ OMIT etoposide IV. Give **etoposide 50 mg** PO daily on Days 1 to 7.

POST HYDRATION:

1000 mL D5W-1/2NS with 20 mEq Potassium Chloride and 100 mEq Sodium Bicarbonate/L at 200 mL/h IV for 20 hours after the end of the methotrexate infusion. Hydration infusion may be interrupted for administration of Day 2 chemotherapy.

Chemotherapy Orders continue on Page 2….

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

DOCTOR'S ORDERS

Ht_____**cm** **Wt**_____**kg** **BSA**_____**m²**

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE:

CHEMOTHERAPY:

DAY 8

vinCRIStine 0.8 mg/m² x BSA = _____mg IV in NS 50 mL over 10 minutes.

cyclophosphamide 600 mg/m² x BSA = _____mg IV in NS 100 to 250 mL over 30 minutes.

STANDING ORDER FOR ETOPOSIDE TOXICITY:

hydrocortisone 100 mg IV prn and d**iphenhydrAMINE 50 mg** IV prn

RETURN APPOINTMENT ORDERS

☐ Return in two weeks (inpatient bed) for Cycle _____ (2-day admission)

Book Day 8 chemotherapy as outpatient (ACCU)

☐ Last Cycle. Return in _____ weeks for Doctor.

CBC with differential, creatinine on Day 8.

On next admission (Day 1): CBC with diff, creatinine, sodium, potassium, alk phos, ALT, GGT, LDH, bilirubin, beta hCG tumour marker

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

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:		**Cycle #:**	
Day 1 of GOTDEMACO chemotherapy =			

OUTPATIENT (DISCHARGE) PRESCRIPTION FOR BC Cancer BENEFIT MEDICATION

(Fill at BC Cancer Outpatient Dispensary)

Note – Medication orders below should still also be listed on the Discharge Medication Reconciliation form

leucovorin (folinic acid) 15 mg PO q12h x 4 doses, beginning 24 hours after start of methotrexate infusion.

RN or Pharmacist to instruct patient on exact dosing times.

DOCTOR'S SIGNATURE	**Signatures** **UC:** **RN:**