

PROTOCOL CODE: HNSAVNP

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: _____				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets, creatinine day of treatment May proceed with doses as written if within 24 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, Creatinine Clearance greater than or equal to 60 mL/minute Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
dexamethasone 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to treatment on Day 1 and Day 8 and select ONE of the following:				
<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1 and Day 8			
<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1 and Day 8			
<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1 and Day 8			
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment on Day 1 and Day 8			
<input type="checkbox"/>	hydrocortisone 100 mg IV prn			
<input type="checkbox"/>	Other: _____			
HYDRATION: 500 mL NS IV over 30 minutes to 1 hour prior to CISplatin				
CHEMOTHERAPY:				
CISplatin 30 mg/m²/day x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____% = _____ mg/m ² x BSA = _____ mg				
IV in NS 100 to 250 mL over 30 minutes on Day 1 and Day 8				
vinorelbine 30 mg/m²/day x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____% = _____ mg/m ² x BSA = _____ mg				
IV in NS 50 mL over 6 minutes on Day 1 and Day 8				
Flush vein with NS 75 to 125 mL following infusion of vinorelbine.				
DOSE MODIFICATION				
vinorelbine 25 mg/m²/day x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____% = _____ mg/m ² x BSA = _____ mg				
IV in NS 50 mL over 6 minutes on Day 1 and Day 8				
Flush vein with NS 75 to 125 mL following infusion of vinorelbine.				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo Day 1 and 8.				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, Platelets, Creatinine prior to each treatment				
If clinically indicated: <input type="checkbox"/> Bilirubin				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	