



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](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

**PROTOCOL CODE: LUAJPP**

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<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>					
<b>DATE:</b> _____		<b>To be given:</b> _____		<b>Cycle #:</b> _____	
Date of Previous Cycle: _____					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment					
May proceed with doses as written if within 96 hours <b>ANC greater than or equal to <math>1.5 \times 10^9/L</math>, Platelets greater than or equal to <math>100 \times 10^9/L</math>, Creatinine Clearance greater than or equal to 45 mL/minute (for pemetrexed), or greater than or equal to 60 mL/minute (for CISplatin)</b>					
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity: _____ <b>Proceed with treatment based on blood work from _____</b>					
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>dexamethasone</b> <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment and <b>select ONE</b> of the following:					
<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment				
<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment				
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment				
<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment				
Ensure patient is taking <b>folic acid</b> and has had <b>vitamin B12</b> injection starting at least 7 days prior to first cycle, and to continue while on treatment, until 21 days after last pemetrexed dose.					
<b>HYDRATION:</b> 1000 mL NS over 1 hour prior to CISplatin					
<b>CHEMOTHERAPY:</b> <b>pemetrexed <math>500 \text{ mg/m}^2 \times \text{BSA} =</math> _____ mg</b> <input type="checkbox"/> Dose Modification: _____ % = _____ $\text{mg/m}^2 \times \text{BSA} =$ _____ mg IV in 100 mL NS over 10 minutes (may be given during prehydration)					
<b>CISplatin <math>75 \text{ mg/m}^2 \times \text{BSA} =</math> _____ mg</b> <input type="checkbox"/> Dose Modification: _____ % = _____ $\text{mg/m}^2 \times \text{BSA} =$ _____ mg IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulfate 1 g and mannitol 30 g over 1 hour					
<b>RETURN APPOINTMENT ORDERS</b>					
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____					
<input type="checkbox"/> Last Cycle. Return in _____ week(s).					
<b>CBC &amp; Diff, Platelets, Creatinine, Alk Phos, Bili, ALT, LDH</b> prior to each cycle <b>CBC &amp; Diff, Platelets</b> weekly during Cycles 1 and 2 <b>Vitamin B12 injection</b> required every 9 weeks. Patient to obtain supply.					
<input type="checkbox"/> This patient to receive injection in clinic. Next injection due by _____.					
<input type="checkbox"/> <b>Other tests:</b>					
<input type="checkbox"/> <b>Consults:</b>					
<input type="checkbox"/> <b>See general orders sheet for additional requests.</b>					
<b>DOCTOR'S SIGNATURE:</b>			<b>SIGNATURE:</b>		
			<b>UC:</b>		