



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: LUAVPP

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 day of treatment				
May proceed with doses as written if within 96 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 45 mL/minute (for pemetrexed and CARBOplatin), or greater than or equal to 60 mL/minute (for CISplatin) 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 <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment				
AND select ONE of the following:	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment, and 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		
If additional antiemetic required:				
<input type="checkbox"/> OLANzapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to treatment				
Ensure patient is taking folic acid and has had vitamin B12 injection starting at least 7 days prior to first cycle, and to continue while on treatment, until 21 days after last pemetrexed dose.				
<input type="checkbox"/> Other: _____				
Have Hypersensitivity Reaction Tray & Protocol Available				
HYDRATION:				
1000 mL NS over 1 hour prior to CISplatin				
CHEMOTHERAPY:				
pemetrexed 500 mg/m ² x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____% = _____ mg/m ² x BSA = _____ mg				
IV in 100 mL NS over 10 minutes (may be given during prehydration)				
CISplatin 75 mg/m ² x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____% = _____ mg/m ² x BSA = _____ mg				
IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulfate 1 g and mannitol 30 g over 1 hour				
OR				
CARBOplatin AUC 5 x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC:



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DOCTOR'S ORDERS	
DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & Diff, Platelets, Creatinine, Alk Phos, Bili, ALT, LDH prior to each cycle CBC & Diff, Platelets weekly during Cycles 1 and 2 Vitamin B12 injection 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"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: