

PROTOCOL CODE: HNNAVPE

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|---|---|-----------------|-------------|--------------------------|
| 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 60 mL/min (for CISplatin only), Bilirubin less than 25 micromol/L 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 PO 30 to 60 minutes prior to each treatment and select ONE of the following: | | | | |
| <input type="checkbox"/> | ondansetron 8 mg PO 30 to 60 minutes prior to each treatment | | | |
| <input type="checkbox"/> | aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1, then 80 mg PO daily on Day 2 and 3 ondansetron 8 mg PO 30 to 60 minutes prior to each treatment | | | |
| <input type="checkbox"/> | netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment on Day 1 only | | | |
| <input type="checkbox"/> | hydrocortisone 100 mg IV prior to treatment | | | |
| <input type="checkbox"/> | diphenhydrAMINE 50 mg IV prior to treatment | | | |
| <input type="checkbox"/> | Other: _____ | | | |
| **Have Hypersensitivity Reaction Tray and Protocol Available** | | | | |
| CHEMOTHERAPY: | | | | |
| CISplatin <input type="checkbox"/> 25 mg/m²/day or <input type="checkbox"/> 15 mg/m²/day (select one) x BSA = _____ mg/day <input type="checkbox"/> Dose Modification: _____ % = _____ % = _____ mg/m ² x BSA = _____ mg IV in NS 100 mL over 30 minutes x 3 days OR CARBOplatin AUC <input type="checkbox"/> 5 or <input type="checkbox"/> 6 (select one) x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes Day 1 etoposide 100 mg/m²/day x BSA = _____ mg/day <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in NS 250 to 1000 mL (non-DEHP bag) over 45 minutes to 1 hour 30 minutes x 3 days (use non-DEHP tubing with 0.2 micron in-line filter) | | | | |
| 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 x 3 days. <input type="checkbox"/> Last Cycle. Return in _____ week(s). | | | | |
| CBC & Diff, Platelets, Creatinine prior to each cycle <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests. | | | | |
| DOCTOR'S SIGNATURE: | | | | SIGNATURE: |
| | | | | UC: |