



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: HNSAVFUP

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
<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, creatinine</b> day of treatment May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L, Creatinine Clearance greater than or equal to 60 mL/minute.</b>				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____				
Proceed with treatment based on blood work from _____				
<b>PREMEDICATIONS:</b> 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"/>	aprepitant 125 mg PO 30 to 60 minutes prior to CISplatin 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 CISplatin on Day 1 only			
<input type="checkbox"/> Other: _____				
<b>CHEMOTHERAPY:</b>				
CISplatin 25 mg/m <sup>2</sup> /day x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg				
IV in 100 to 250 mL NS over 30 minutes daily x <input type="checkbox"/> 3 or <input type="checkbox"/> 4 days ( <i>select one</i> )				
fluorouracil 1000 mg/m <sup>2</sup> /day x BSA = _____ mg/day for 4 days (total dose = _____ mg over 96 hours)				
<input type="checkbox"/> Dose Modification: _____ mg/m <sup>2</sup> x BSA = _____ mg/day for 4 days (total dose = _____ mg over 96 h)				
IV in D5W to a total volume of 480 mL by continuous infusion at 5 mL/h via TWO Baxter LV5 infusors (Total dose should be divided equally – each 240 mL over 48 hours)				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle _____.				
Book chemo for <input type="checkbox"/> 3 or <input type="checkbox"/> 4 ( <i>select one</i> ) days.				
<input type="checkbox"/> Return in 2 days for second fluorouracil infusor				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; Diff, Platelets, Creatinine</b> prior to each cycle				
<input type="checkbox"/> <b>Other tests:</b>				
<input type="checkbox"/> <b>Consults:</b>				
<input type="checkbox"/> See general orders sheet for additional requests.				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				<b>UC:</b>