



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

**PROTOCOL CODE: HLHETCSPA**  
**(Week 1 and 2) (Page 1 of 2)**

**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**REMINDER:** Please ensure drug allergies are documented on the Allergy & Alert Form

**DATE:** \_\_\_\_\_ **To be given:** \_\_\_\_\_ **Cycle #:** \_\_\_\_\_

Date of Previous Cycle: \_\_\_\_\_

- Delay treatment \_\_\_\_\_ week(s)
- CBC & Diff and platelets, bilirubin, creatinine** day 1 of treatment

Dose modification for:  **Hematology**  **Other Toxicity** \_\_\_\_\_

**Proceed with treatment based on blood work from** \_\_\_\_\_

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm \_\_\_\_\_.

**Other**

**\*\* Have Hypersensitivity Reaction Tray and Protocol Available\*\***

**TREATMENT:** Week 1 and 2 ONLY:

**cycloSPORINE 3 mg/kg** x Wt = \_\_\_\_\_ mg PO BID (round to the nearest 25 mg)  
Mitte: \_\_\_\_\_ capsules

**dexamethasone 10 mg/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg PO daily (round to the nearest 2 mg)  
Mitte: \_\_\_\_\_ tablets

**etoposide 150 mg/m<sup>2</sup>** x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 500 to 1000 mL (non-DEHP bag) NS over 45 minutes to **1 hour 30 minutes** on **Days 1, 4, 8 and 11**. (Use non-DEHP tubing with **0.2 micron** in-line filter)

**EMERGENCY DRUGS FOR MANAGEMENT OF ETOPOSIDE TOXICITY:**

**hydrocortisone 100 mg IV prn / diphenhydrAMINE 50 mg IV prn**

See page 2

**DOCTOR'S SIGNATURE**

**SIGNATURE**

**UC:**

