

PROTOCOL CODE: LYGDP

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DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: _____ **To be given:** _____ **Cycle #:** _____ of _____

Date of Previous Cycle: _____

- Delay treatment _____ week(s)
- CBC & Diff, platelets** day 1 of treatment

Day 1: May proceed with doses as written, if within 48 hours **ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 75 x 10⁹/L, creatinine clearance greater than or equal to 60 mL/minute (if using CISplatin).**

Day 8: May proceed with doses as written, if within 48 hours **ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 75 x 10⁹/L**

For split dose CISplatin only:

Day 1: May proceed with doses as written, if within 48 hours **ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 75 x 10⁹/L, creatinine clearance greater than or equal to 45 mL/minute.**

Day 8: May proceed with doses as written, if within 48 hours **ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 75 x 10⁹/L, creatinine clearance greater than or equal to 45 mL/minute.**

Dose modification for: **Hematology** **Other Toxicity** _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

DAY 1 (and DAY 8 if split dose CISplatin being given)

dexamethasone **8 mg** or **12 mg** (select one) PO 30 to 60 minutes prior to treatment on Day 1 (and Day 8)

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:

OLANzapine **2.5 mg** or **5 mg** or **10 mg** (select one) PO 30 to 60 minutes prior to treatment

DAY 8 (unless split dose CISplatin being given)

prochlorperazine 10 mg PO prior to treatment.

Other: _____

PRE-HYDRATION:

1000 mL NS IV over 1 hour prior to CISplatin on Day 1 (and Day 8 if split dose CISplatin given)

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

DOCTOR'S ORDERS

DATE:

CHEMOTHERAPY:

dexamethasone 40 mg PO daily in AM on **Days 1 to 4.**

gemcitabine 1000 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 250 mL NS over 30 minutes on **Day 1 and 8.**

CISplatin 75 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV with 20 mEq potassium chloride, 1g magnesium sulfate, and 30 g mannitol in 500 mL NS over 1 hour on **Day 1 only.**

OR (only split CISplatin day 1 and 8 if creatinine clearance on day 1 less than 60 mL/min)

CISplatin 37.5 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV with 20 mEq potassium chloride, 1g magnesium sulfate, and 30 g mannitol in 500 mL NS over 1 hour on **Day 1 and 8.**

OR

CARBOplatin AUC 5 x (GFR + 25) = _____ mg (maximum 800mg)

Dose Modification: _____ % = _____ mg

IV in **100 to 250** mL NS over 30 minutes on **Day 1 only**

DOSE MODIFICATION IF REQUIRED ON DAY 8:

gemcitabine 1000 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV in 250 mL NS over 30 minutes on **Day 8.**

CISplatin 37.5 mg/m² x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² x BSA = _____ mg

IV with 20 mEq potassium chloride, 1g magnesium sulfate, and 30 g mannitol in 500 mL NS over 1 hour on **Day 8.**

RETURN APPOINTMENT ORDERS

Return in **three** weeks for Doctor and Cycle _____. Book chemo on Day 1 and Day 8.

Last Cycle. Return in _____ week(s).

CBC & Diff, platelets, creatinine prior to each cycle

CBC & Diff, platelets on Day 8

Creatinine on Day 8 if **split dose** CISplatin ordered

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: