

**PROTOCOL CODE: LYVIPDRT**

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<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
<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"/> CBC & diff, platelets, creatinine, sodium, potassium, calcium, albumin, magnesium, bilirubin, ALT, LDH on day of treatment				
<b>Cycle 1 Day 1:</b> Proceed with doses as written if ANC <u>greater than or equal to</u> $0.8 \times 10^9/L$ , Platelets <u>greater than or equal to</u> $80 \times 10^9/L$ and serum creatinine within the normal range.				
<b>Cycle 1 Day 8, 15, 22:</b> Proceed with doses as written if within 24 hours ANC <u>greater than or equal to</u> $0.8 \times 10^9/L$ , Platelets <u>greater than or equal to</u> $80 \times 10^9/L$ and serum creatinine within the normal range.				
<b>Cycles 2,3,4:</b> Proceed with doses as written if within 72 hours ANC <u>greater than or equal to</u> $1.5 \times 10^9/L$ , Platelets <u>greater than or equal to</u> $75 \times 10^9/L$ , and Creatinine Clearance <u>greater than or equal to</u> 40 mL/min				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____				
<b>Proceed with treatment based on blood work from</b> _____				
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.				
<b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to each treatment				
<b>dexamethasone 8 mg</b> PO 30 to 60 minutes prior to treatment for cycle 1 (Days 1, 8, 15, 22) only				
For cycles 2 to 4, patient to take therapeutic dexamethasone (as ordered below) prior to treatment on Day 1 and in AM on subsequent days				
<input type="checkbox"/> <b>hydrocortisone 100 mg</b> IV prior to etoposide				
<input type="checkbox"/> <b>diphenhydramine 50 mg</b> IV prior to etoposide				
<input type="checkbox"/> <b>Other:</b>				
<b>PRE-HYDRATION: Cycle 1 only</b>				
1000 mL NS with potassium chloride 20 mEq and magnesium sulfate 2 g IV over 1 hour prior to CISplatin				
<b>Cycle 1 CHEMOTHERAPY i.e., weekly CISplatin with Radiation Therapy:</b>				
<b>CISplatin <math>30 \text{ mg/m}^2</math></b> x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ $\text{mg/m}^2$ x BSA = _____ mg				
IV in 500 mL NS over 1 hour weekly x 4. To be delivered on the day of Radiation Therapy				
<b>DOCTOR'S SIGNATURE:</b>  				<b>SIGNATURE:</b>  <b>UC:</b>

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<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
DATE:	To be given:	Cycle #:		
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>				
<b>CYCLE 2 AND SUBSEQUENT CHEMOTHERAPY i.e., VIPD:</b>				
<p><b>etoposide 100 mg/m<sup>2</sup> x BSA = _____ mg</b></p> <p><input type="checkbox"/> Dose Modification: _____ % = _____ mg/m<sup>2</sup> x BSA = _____ mg</p> <p>IV in 250 to 1000 mL (non-DEHP bag) NS over 45 minutes to 1 hour 30 minutes on Days 1 to 3 (use non-DEHP tubing with 0.2 micron in-line filter)</p>				
<p><b>ifosfamide 1200 mg/m<sup>2</sup> x BSA = _____ mg</b></p> <p><input type="checkbox"/> Dose Modification: _____ % = _____ mg/m<sup>2</sup> x BSA = _____ mg</p> <p>IV in 500 mL D51/2NS over 1 hour on Days 1 to 3</p>				
<p><b>mesna 240 mg/m<sup>2</sup> x BSA = _____ mg</b></p> <p><input type="checkbox"/> Dose Modification: _____ % = _____ mg/m<sup>2</sup> x BSA = _____ mg</p> <p>IV in 100 mL D5W over 15 minutes on Days 1 to 3</p>				
<p><b>mesna 480 mg/m<sup>2</sup> x BSA = _____ mg (Round dose to nearest 10 mg)</b></p> <p><input type="checkbox"/> Dose Modification: _____ % = _____ mg/m<sup>2</sup> x BSA = _____ mg</p> <p>PO 4 and 8 hours after ifosfamide infusion on Days 1 to 3</p> <p>To be taken at home in 1 cup of carbonated beverage over 15 minutes. Pharmacy to prepare 2 doses daily for outpatient use.</p>				
<p><b>CISplatin 33 mg/m<sup>2</sup> x BSA = _____ mg</b> IV in 500 mL NS with potassium chloride 20 mEq and magnesium sulfate 1 g and mannitol 30 g over 1 hour on Days 1 to 3</p>				
<p><b>dexamethasone 40 mg</b> PO daily on Days 1 to 4</p>				
<b>STANDING ORDER FOR ETOPOSIDE TOXICITY:</b>				
hydrocortisone 100 mg IV PRN / diphenhydrAMINE 50 mg IV PRN				
<b>RETURN APPOINTMENT ORDERS</b>				
Return in _____ week(s) for doctor and book chemo for cycle _____/4.				
<p>CBC and Diff, Platelets, Creatinine prior to Day 8, 15, 22 of Cycle 1</p> <p>CBC and Diff, Platelets, Creatinine prior to Day 1 of each Cycle</p> <p>Urine dipstick for blood prior to Days 1, 2, 3 of Cycles 2 to 4</p> <p><input type="checkbox"/> Other tests:      <input type="checkbox"/> Consults :</p> <p><input type="checkbox"/> See general order sheet for additional requests.</p>				
<b>DOCTOR'S SIGNATURE</b>				<b>SIGNATURE:</b> <b>UC:</b>