



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 and according to acceptable standards of care.

PROTOCOL CODE: CNCARV

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 and if ordered, ALT less than or equal to 5 x ULN, and bilirubin less than or equal to 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 _____.				
ondansetron 8 mg PO prior to treatment				
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO prior to treatment				
<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:				
CARBOplatin AUC 5 x (GFR + 25) = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg				
IV in 100 to 250 mL NS over 30 minutes				
etoposide 100 mg/m ² x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg				
IV in 250 to 1000 mL (use non-DEHP bag) NS over 45 min to 1 hour 30 min (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 four weeks for Doctor and Cycle _____				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, Platelets, Creatinine , prior to each cycle CBC & Diff, Platelets on <input type="checkbox"/> Day 14 <input type="checkbox"/> Day 21 If Clinically indicated: <input type="checkbox"/> Bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> Electrolytes <input type="checkbox"/> Calcium <input type="checkbox"/> Magnesium <input type="checkbox"/> CT head or <input type="checkbox"/> MRI head (select one) every <input type="checkbox"/> 2 nd cycle or <input type="checkbox"/> 3 rd cycle (select one) <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: