



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: GIPE

<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 (if using cisplatin)</b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ Proceed with treatment based on blood work from _____				
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.				
<b>ondansetron 8 mg</b> PO prior to treatment on Days 1 to 3 <b>dexamethasone</b> <input type="checkbox"/> <b>8 mg</b> or <input type="checkbox"/> <b>12 mg</b> (select one) PO prior to treatment on Days 1 to 3 <input type="checkbox"/> <b>hydrocortisone 100 mg</b> IV prn <input type="checkbox"/> <b>diphenhydrAMINE 50 mg</b> IV prn <input type="checkbox"/> <b>Other:</b>				
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>				
<b>CHEMOTHERAPY:</b>				
<b>CISplatin 25 mg/m<sup>2</sup>/day</b> x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> /day x BSA = _____ mg				
IV in 100 to 250 mL NS over 30 minutes x <b>3 days</b>				
<b>OR</b>				
<b>CARBOplatin AUC 5 x (GFR + 25) = _____ mg</b> IV in 100 to 250 mL NS over 30 minutes <b>Day 1 only</b>				
<b>etoposide 100 mg/m<sup>2</sup>/day</b> x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ mg/m <sup>2</sup> /day x BSA = _____ mg				
IV in 250 to 1000 mL (non-DEHP bag) NS over 45 minutes to 1 hour 30 minutes x <b>3 days</b> (use non-DEHP tubing with 0.2 micron in-line filter)				
<b>STANDING ORDER FOR ETOPOSIDE TOXICITY:</b>				
<b>Hydrocortisone 100 mg</b> IV prn / <b>Diphenhydramine 50 mg</b> IV prn				
Return in <input type="checkbox"/> <b>three</b> or <input type="checkbox"/> <b>four</b> (select one) weeks for Doctor and Cycle _____.				
Book chemo x 3 days.				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; Diff, Platelets, Creatinine</b> prior to each cycle				
If clinically indicated: <input type="checkbox"/> <b>Bilirubin</b>				
<input type="checkbox"/> <b>Other tests:</b>				
<input type="checkbox"/> <b>Consults:</b>				
<input type="checkbox"/> <b>See general orders sheet for additional requests.</b>				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				<b>UC:</b>