



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 and according to acceptable standards of care

PROTOCOL CODE: GUBPWRT

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 #:** _____

Date of Previous Cycle: _____

Delay treatment _____ week(s)

CBC & Diff day of treatment

May proceed with doses as written if within 24 hours **ANC greater than or equal to 0.8 x 10⁹/L** and **platelets greater than or equal to 80 x 10⁹/L**

Dose modification for: **Hematology** **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 8 mg PO prior to treatment

Other: _____

PRE HYDRATION:

1000 mL NS + 20 mEq potassium chloride + 2 g magnesium sulfate IV over 2 hours prior to CISplatin.

CHEMOTHERAPY:

CISplatin 40 mg/m² x BSA = _____ mg

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

IV in 500 mL NS with mannitol 30 g and magnesium sulfate 2 g over 1 hour x _____ week(s)

RETURN APPOINTMENT ORDERS

Return in _____ week(s) for Doctor. Book chemo weekly x _____ weeks.
Book chemotherapy and radiation appointments on same day.

Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Creatinine, sodium, potassium, magnesium prior to next treatment

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: