



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: HNAVFUP

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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/minute (for CISplatin only). 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 _____.				
dexamethasone 8 mg PO 30 to 60 minutes prior to each treatment and select ONE of the following:				
<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1, then 80 mg PO daily on Day 2 and 3			
<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to each treatment			
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment on Day 1 only			
<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to each treatment			
<input type="checkbox"/> Other: _____				
CHEMOTHERAPY:				
CISplatin 25 mg/m ² /day x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg				
IV in 100 to 250 mL NS over 30 minutes daily x <input type="checkbox"/> 3 or <input type="checkbox"/> 4 days (<i>select one</i>)				
OR				
CARBOplatin AUC <input type="checkbox"/> 5 or <input type="checkbox"/> 6 (<i>select one</i>) x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes Day 1				
fluorouracil 1000 mg/m ² /day x BSA = _____ mg/day for 4 days (total dose = _____ mg over 96 hours)				
<input type="checkbox"/> Dose Modification: _____ mg/m ² x BSA = _____ mg/day for 4 days (total dose = _____ mg over 96 h)				
IV in D5W to a total volume of 480 mL by continuous infusion at 5 mL/h via TWO Baxter LV5 infusors (Total dose should be divided equally – each 240 mL over 48 hours)				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo for <input type="checkbox"/> 3 or <input type="checkbox"/> 4 (<i>select one</i>) days.				
<input type="checkbox"/> Return in 2 days for second fluorouracil infusor <input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, Platelets, Creatinine prior to each cycle <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: