BC CANCER
Provincial Health Services Authority

PROTOCOL CODE: LUOTPERT

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:

☐ Delay treatment _____ week(s)
☐ **CBC & Diff, Platelets** day of treatment
May proceed with doses as written if within 96 hours **ANC <u>greater than or equal to</u> 1.5 x 10^9/L, Platelets <u>greater than or equal to</u> 100 x 10^9/L, Creatinine Clearance <u>greater than or equal to</u> 60 mL/minute (if using CISplatin)**
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 30 to 60 minutes prior to treatment on Days 1 to 3
dexamethasone ☐ **8 mg** or ☐ **12 mg** (select one) PO 30 to 60 minutes prior to treatment on Days 1 to 3
☐ **aprepitant 125 mg** PO 30 to 60 minutes prior to treatment on Day 1; then **80 mg** PO daily on Day 2 and 3
If additional antiemetic required:
☐ **OLANZapine** ☐ **2.5 mg** or ☐ **5 mg** or ☐ **10 mg** (select one) PO 30 to 60 minutes prior to treatment
☐ **hydrocortisone 100 mg** IV prior to etoposide
☐ **diphenhydrAMINE 50 mg** IV prior to etoposide
☐ **Other:**

Have Hypersensitivity Reaction Tray and Protocol Available

CHEMOTHERAPY:
CISplatin 25 mg/m^2/day x BSA = _____ mg
  ☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
  IV in 100 to 250 mL NS over 30 minutes x **3 days**
OR
CARBOplatin AUC 5 x (GFR + 25) = _____ mg
  IV in 100 to 250 mL NS over 30 minutes **Day 1 only**

etoposide 100 mg/m^2/day x BSA = _____ mg
  ☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg
  IV in 250 to 1000 mL (non-DEHP bag) NS over 45 minutes to 1 hour 30 minutes x **3 days** (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

☐ Return in <u>**three**</u> or <u>**four**</u> (circle one) weeks for Doctor and Cycle _____. Book chemo x 3 days. ☐ Last Cycle. Return in _____ week(s).	
CBC & Diff, Platelets, Creatinine prior to each cycle If clinically indicated: ☐ **Bilirubin** ☐ **Other tests:** ☐ **Consults:** ☐ **See general orders sheet for additional requests.**	
DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**