

PROTOCOL CODE: LUSCPEPORT

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 (if using CISplatin), Creatinine Clearance greater than or equal to 30 mL/minute for etoposide					
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 <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment on Day 1					
AND select ONE of the following:	<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1			
	<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1, and ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1			
	<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment on Day 1			
If additional antiemetic required:					
<input type="checkbox"/> OLANZapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to treatment on Day 1					
<input type="checkbox"/> Other: _____					
Have Hypersensitivity Reaction Tray and Protocol Available					
PRE-HYDRATION:					
1000 mL NS over 1 hour prior to CISplatin					
CHEMOTHERAPY:					
etoposide 200 mg/m ² /day x BSA = _____ mg PO on Days 1 to 3 (round dose to nearest 50 mg)					
<ul style="list-style-type: none"> • Pharmacy to split daily dose into morning and evening doses, and complete the following (refer to Oral Etoposide Dispensing Table): _____ mg PO in the morning and _____ mg PO in the evening on Days 1 to 3. • For daily dose 200 mg or less: _____ mg PO in the morning on Days 1 to 3. • Pharmacist Initial and Date: _____ 					
If dose modification required:					
<input type="checkbox"/> etoposide 200 mg/m²/day x _____ % = _____ mg/m ² /day x BSA = _____ mg PO on Days 1 to 3 (round dose to nearest 50 mg)					
<ul style="list-style-type: none"> • Pharmacy to split daily dose into morning and evening doses, and complete the following (refer to Oral Etoposide Dispensing Table): _____ mg PO in the morning and _____ mg PO in the evening on Days 1 to 3. • For daily dose 200 mg or less: _____ mg PO in the morning on Days 1 to 3. • Pharmacist Initial and Date: _____ 					
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DOCTOR'S SIGNATURE:					SIGNATURE:
					UC:

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DATE: _____	
<p>CISplatin 75 mg/m² x BSA = _____ mg</p> <p><input type="checkbox"/> Dose Modification: _____% = _____ mg/m² x BSA = _____ mg</p> <p>IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulphate, 30 g mannitol over 1 hour on Day 1 only</p> <p>OR</p> <p>CARBOplatin AUC 5 x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes Day 1 only</p>	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in <input type="checkbox"/> three or <input type="checkbox"/> four (select one) weeks for Doctor and Cycle _____. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<p>CBC & Diff, Platelets, Creatinine prior to each cycle</p> <p>If clinically indicated: <input type="checkbox"/> Bilirubin</p> <p><input type="checkbox"/> Other tests:</p> <p><input type="checkbox"/> Consults:</p> <p><input type="checkbox"/> See general orders sheet for additional requests.</p>	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: