



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: GUBDDMVAC

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, Platelets** day of treatment

May proceed with doses on Day 1 as written if within 24 hours **ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 90 x 10⁹/L, and Creatinine Clearance greater than or equal to 80 mL/min**

Dose modification for: Hematology Other Toxicity _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

dexamethasone 8 mg or 12 mg (select one) PO 30 to 60 minutes prior to treatment on **Day 2**

and **select ONE** of the following:

<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 2 ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 2
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment on Day 2
<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 2

Additional premedications if giving CISplatin split dosing:

- dexamethasone 8 mg or 12 mg (select one) PO 30 to 60 minutes prior to treatment on **Day 1**
- ondansetron 8 mg PO 30 to 60 minutes prior to treatment on **Day 1**

Other:

HYDRATION:

Prehydration 1000 mL NS IV over 60 minutes prior to CISplatin on **Day 2**

Prehydration 1000 mL NS IV over 60 minutes prior to CISplatin on **Day 1** (if CISplatin is given on Days 1 and 2)

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

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DATE:

CHEMOTHERAPY:

methotrexate 30 mg/m² x BSA = _____ mg

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

IV push **Day 1**

vinBLASTine 3 mg/m² x BSA = _____ mg

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

IV in 50 mL NS over 15 minutes on **Day 2**

DOXOrubicin 30 mg/m² x BSA = _____ mg

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

IV push **Day 2**

CISPlatin 70 mg/m²/day x BSA = _____ mg

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

IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulfate 1 g, and mannitol 30 g over 1 hour **Day 2**

OR

CISPlatin 35 mg/m²/day x BSA = _____ mg

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

IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulfate 1 g, and mannitol 30 g over 1 hour **Days 1 and 2**

RETURN APPOINTMENT ORDERS

Return in **two** weeks for Doctor and Cycle _____. Book chemo on Day 1 & 2

Post Cycle 1 only: Book filgrastim (G-CSF) SC teaching and first dose on Day ____

Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, creatinine, ALT, alkaline phosphatase, bilirubin, LDH prior to each cycle

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: