

PROTOCOL CODE: GOOVCS

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 72 hours ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than 100 x 10⁹/L, Creatinine Clearance greater than or equal to 60 mL/min.				
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 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 (and <input type="checkbox"/> Day 8) <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 (and <input type="checkbox"/> Day 8)				
<input type="checkbox"/> Other				
Have Hypersensitivity Reaction Tray and Protocol Available				
HYDRATION:				
Prehydrate with 1000 mL NS IV over 60 minutes on treatment days.				
CHEMOTHERAPY: (select one)				
<input type="checkbox"/> CISplatin <input type="checkbox"/> 75 mg/m ² /day OR <input type="checkbox"/> _____ mg/m ² /day (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m ² /day x BSA = _____ mg IV in 500 mL NS with potassium chloride 20 mEq, magnesium sulfate 1 g, mannitol 30 g, over 1 hour on Day 1				
OR				
<input type="checkbox"/> CISplatin 35 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m ² /day x BSA = _____ mg IV in 500 mL NS with potassium chloride 20 mEq, magnesium sulfate 1 g, mannitol 30 g, over 1 hour on <input type="checkbox"/> Days 1 and 2 OR <input type="checkbox"/> Days 1 and 8 (select one)				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____, book chemo Day 1. <input type="checkbox"/> Book Day 2 or Day 8 chemo if required. <input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, Platelets, Creatinine prior to each cycle Prior to next cycle: <input type="checkbox"/> electrolytes <input type="checkbox"/> magnesium <input type="checkbox"/> CA125 <input type="checkbox"/> CA15-3 <input type="checkbox"/> CA19-9 <input type="checkbox"/> CEA <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	