

PROTOCOL CODE: HNAVPG

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 24 hours ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, and if ordered, Creatinine Clearance greater than or equal to 50 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 <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to CISplatin on Day 1 and Day 8 and select ONE of the following:				
<input type="checkbox"/> aprepitant 125 mg PO 30 to 60 minutes prior to CISplatin on Day 1 and Day 8 <input type="checkbox"/> ondansetron 8 mg PO 30 to 60 minutes prior to CISplatin on Day 1 and Day 8 <input type="checkbox"/> netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CISplatin on Day 1 and Day 8				
OR				
<input type="checkbox"/> dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to CARBOplatin AND <input type="checkbox"/> ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin <input type="checkbox"/> Other: _____				
Have Hypersensitivity Reaction Tray and Protocol Available				
PREHYDRATION:				
1000 mL NS IV over 60 minutes prior to CISplatin on Day 1 and Day 8				
CHEMOTHERAPY:				
gemcitabine 1000 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 250 mL NS over 30 minutes on Days 1, 8 and 15				
CISplatin 50 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 500 mL NS, with potassium chloride 10 mEq and magnesium sulfate 1 g, mannitol 30 g over 1 hour on Days 1 and 8.				
OR				
CARBOplatin AUC <input type="checkbox"/> 5 or <input type="checkbox"/> 6 (select one) x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes Day 1 (if using AUC 6, may dose gemcitabine at 800 mg/m ²)				
DOSE MODIFICATION FOR DAY 8, DAY 15				
gemcitabine 1000 mg/m² x BSA x (_____ %) = _____ mg IV in 250 mL NS over 30 minutes <input type="checkbox"/> Dose Modification: (_____ %) = _____ mg/m ² x BSA = _____ mg IV in 250 mL NS over 30 minutes				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo Day 1, 8 and 15. <input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, Platelets, Creatinine, ALT, Bili prior to Day 1 CBC & Diff, Platelets, Creatinine prior to Day 8 CBC & Diff, Platelets prior to Day 15 <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: