



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: GUEP (Inpatient)

Vancouver Cancer Center

DOCTOR'S ORDERS		Ht.....cm Wt.....kg BSA.....m ²
ALLERGY/ALERT: Reminder to Physicians: <i>Please ensure drug allergies and previous bleomycin are documented on the Allergy and Alert Form.</i>		
Date/Time:	Cycle #:	/
ON ADMISSION:		
<ul style="list-style-type: none"> • DAT, AAT • CBC & Diff, creatinine, lytes, calcium, magnesium, total bilirubin, ALT, alkaline phosphatase, LDH, CEA, AFP, beta hCG tumour marker, random glucose • Heparin lock IV PRN daily 		
No Treatment Delay or Dose Reduction permitted for counts		
Proceed with treatment based on blood work from _____		
Repeat on Day 5(except on cycle 1): <input type="checkbox"/> CBC & Diff, Platelets (if ANC on Day 1 less than 1.0 x 10 ⁹ /L)		
Call MD if Day 5 ANC less than 1 x 10 ⁹ /L or if neutropenic fever		
PREMEDICATIONS:		
dexamethasone 8 or 12 mg (<i>circle one</i>) PO prechemotherapy and 4 mg PO in the evening on Day 1 then 4 mg PO BID on Days 2 to 5		
ondansetron 8 mg PO prechemotherapy on Days 1 to 5		
aprepitant 125 mg PO pre-chemotherapy on Day 1 and 80 mg PO once daily in the morning on Days 2 and 3		
<input type="checkbox"/> hydrocortisone 100mg IV prior to etoposide on Days 1 to 5		
<input type="checkbox"/> diphenhydrAMINE 50 mg IV prior to etoposide on Days 1 to 5		
PRN ORDERS:		
prochlorperazine 10 mg PO q4h PRN		
lorazepam 1 to 2 mg SL or PO q4h PRN		
acetaminophen 325 mg 1 to 2 tabs PO q4h PRN		
diphenhydrAMINE 25 to 50 mg PO/IV q4h PRN		
Have Hypersensitivity Reaction Tray and Protocol Available		
PRE-HYDRATION:		
1000 mL NS with 20 mEq potassium chloride and 2 g magnesium sulfate over 1 hour prior to CISplatin on Days 1 to 5		
CHEMOTHERAPY:		
CISplatin 20 mg/m²/day x BSA = mg		
<input type="checkbox"/> Dose modification (.....%) =mg/ m ² /day x BSA =mg		
IV in 100 mL NS over 30 minutes on Days 1 to 5		
etoposide 100 mg/m²/day x BSA = mg		
<input type="checkbox"/> Dose modification (.....%) =mg/ m ² /day x BSA =mg		
IV in 500 mL NS (non-DEHP bag) over 45 minutes (use non-DEHP tubing with 0.2 micron in-line filter) on Days 1 to 5		
DOCTOR'S SIGNATURE:		Signatures UC: RN:



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Date/Time:	Cycle #: /	
POST-HYDRATION: 500 mL NS over 30 minutes to 1 hour post chemotherapy on Days 1 to 4 <input type="checkbox"/> Continue IV hydration of NS at 100 mL/hr IV (until next day therapy begins) on Days 1 to 4 1000 mL NS over 1 hour post chemotherapy on Day 5		
APPOINTMENTS: <input type="checkbox"/> Re-admit in 3 weeks for cycle # _____ Days 1 to 5 <input type="checkbox"/> RTC in 3 weeks for cycle # _____. Book chemo Days 1 to 5. <input type="checkbox"/> Last cycle. RTC in _____		CX Dates: RTC Date: CX Dates: RTC Date:
LABS: Baseline: CBC & Diff, total bilirubin, ALT, alkaline phosphatase, LDH, creatinine, electrolytes, magnesium, calcium, AFP, beta hCG tumour marker, random glucose Before each cycle: CBC & Diff, creatinine, LDH, AFP, beta hCG tumour marker, magnesium, electrolytes, random glucose Day 5 – <input type="checkbox"/> Creatinine (if creatinine on Day 1 greater than the upper limit of normal.)		
Baseline: <input type="checkbox"/> If clinically indicated: Baseline Audiogram <input type="checkbox"/> Pre-chemotherapy sperm count and banking if appropriate		
<input type="checkbox"/> Other tests:		
<input type="checkbox"/> Consults:		
<input type="checkbox"/> See general order sheet for additional requests.		
DOCTOR'S SIGNATURE		Signatures: UC: RN: