



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: GUTIP (Inpatient)

DOCTOR'S ORDERS		Ht_____cm	Wt_____kg	BSA_____m ²
ALLERGY ALERT/ REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE:	To be given:	Cycle #:		
Date of Previous Cycle:				
<ul style="list-style-type: none"> • Admit to inpatient ward • CBC & diff, electrolytes, creatinine, phosphate, total bilirubin, LDH, albumin, AFP, beta hCG tumour marker, mental status, random glucose • Diet and activity as tolerated • Bowel regimen (see Bowel Protocol) • Dipstick urine for Blood prior to chemo on Day 2 and q 8 hours routinely (If positive, notify MD - see supportive care protocol – SCMESNA) • Routine vital signs q 8 hours starting on Day 2. • Daily weights (notify MD if weight gain greater than or equal to 4 kg) • Record level of consciousness q 4 hours starting on Day 2 – notify MD of any changes 				
PREMEDICATIONS:				
45 minutes prior to PACLitaxel:				
dexamethasone 20 mg IV in 50 mL NS over 15 minutes.				
30 minutes prior to PACLitaxel:				
diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and famotidine 20 mg IV in NS 100 mL over 15 minutes (Y-site compatible)				
ondansetron 8 mg PO/IV and dexamethasone 12 mg PO/IV pre-chemotherapy on Day 2 , then ondansetron 8 mg and dexamethasone 4 mg q12h regularly.				
aprepitant 125 mg PO pre-chemotherapy on day 2 and 80 mg PO once daily in the morning on days 3 and 4				
REGULARLY SCHEDULED MEDICATIONS:				
<input type="checkbox"/> famotidine 20 mg PO BID				
PRNS:				
<input type="checkbox"/> LORazepam 1 mg SL q4h PRN				
<input type="checkbox"/> prochlorperazine 10 mg PO q4h PRN				
<input type="checkbox"/> nabilone 1 mg PO q6h PRN				
Have Hypersensitivity Reaction Tray and Protocol Available				
TREATMENT:				
Day 1:				
PACLitaxel 175 mg/m ² or _____mg/m ² x BSA = _____mg				
<input type="checkbox"/> Dose modification (_____%) = _____mg/m ² x BSA = _____mg				
IV in 250 to 500 mL NS (use non-DEHP bag) over 3 hours on Day 1. (Use non-DEHP tubing with 0.2 micron in-line filter.)				
After PACLitaxel start hydration D5W-1/2 NS to KVO				
DOCTOR'S SIGNATURE				Signatures
				UC:
				RN:



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DOCTOR'S ORDERS Ht _____ cm Wt _____ kg BSA _____ m²

DATE: _____ **To be given:** _____ **Cycle #:** _____

TREATMENT CONTINUED:

Day 2 to 6:
 Treatment to be given daily x 5 consecutive days (Days 2 to 6) from _____ to _____ (dates inclusive)

Hour 0 – 0.5: **CISplatin** 20 mg/m² x BSA = _____ mg
 Dose modification (_____%)= _____ mg/m² x BSA = _____ mg
 IV in 100 mL NS over 30 minutes

Hour 0.5 – 0.75: **mesna** 300 mg/m² x BSA = _____ mg
 Dose modification (_____%)= _____ mg/m² x BSA = _____ mg
 IV in 100 mL D5W over 15 minutes

Hour 0.75 – 1.75: **ifosfamide** 1200 mg/ m² x BSA = _____ mg
 Dose modification (_____%)= _____ mg/m² x BSA = _____ mg
 IV in 500 mL D5W-1/2 NS over 1 hour

Hour 1.75 – 9: After completion of ifosfamide infusion continue hydration with D5 ½ NS IV at 250 mL/h until after Hour 9
 Mesna. Then:
 Continue D5W-1/2 NS IV at 150 mL/h x 8 hours
 Discontinue IV fluids and cap access - patient able to take at least 1 litre of fluids over 8 hours and not had hematuria
 Allow out on pass

Hour 5 and 9: **mesna** 300 mg/m² x BSA = _____ mg
 Dose modification (_____%)= _____ mg/m² x BSA = _____ mg
 IV in 100 mL D5W over 15 minutes

Day 6 – CBC & diff, creatinine prior to administration of ifosfamide – Notify MD of results prior to administering chemotherapy on day 6.

RETURN APPOINTMENT ORDERS

Admit in 3 weeks for _____ days.

CBC & diff, **electrolytes**, creatinine, phosphate, AFP, beta hCG tumour marker, **total** bilirubin, LDH, albumin, **random glucose** prior to Day 1 of each cycle

DOCTOR'S SIGNATURE	Signatures
	UC: RN: