



Provincial Health Services Authority

PROTOCOL CODE: LUMMPG

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.

| | | | | |
|---|--------------------------|---|-------------|--------------------------|
| 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 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, Creatinine Clearance greater than or equal to 60 mL/minute (if using CISplatin) 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 treatment on Day 1 | | | | |
| AND select ONE of the following: | <input type="checkbox"/> | aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1, and ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1 | | |
| | <input type="checkbox"/> | netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment on Day 1 | | |
| | <input type="checkbox"/> | ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1 | | |
| If additional antiemetic required: | | | | |
| <input type="checkbox"/> OLANzapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to treatment on Day 1 | | | | |
| <input type="checkbox"/> Other: _____ | | | | |
| **Have Hypersensitivity Reaction Tray and Protocol Available** | | | | |
| HYDRATION: | | | | |
| 1000 mL NS IV over 1 hour prior to CISplatin | | | | |
| TREATMENT: | | | | |
| gemcitabine 1000 mg/m ² /day x BSA = _____ mg | | | | |
| <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg | | | | |
| IV in 250 mL NS over 30 minutes Day 1 and 8 | | | | |
| CISplatin 75 mg/m ² x BSA = _____ mg | | | | |
| <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² 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 1 | | | | |
| OR | | | | |
| CARBOplatin AUC 5 x (GFR + 25) = _____ mg IV in 250 mL NS over 30 minutes Day 1 | | | | |
| DOSE MODIFICATION FOR DAY 8: | | | | |
| gemcitabine 1000 mg/m ² /day (select one) x BSA = _____ mg | | | | |
| <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 three weeks for Doctor and Cycle _____. Book chemo Day 1 and 8. | | | | |
| <input type="checkbox"/> Last Cycle. Return in _____ week(s). | | | | |
| CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH prior to Day 1 | | | | |
| CBC & Diff, creatinine prior to Day 8 | | | | |
| <input type="checkbox"/> Other tests: | | | | |
| <input type="checkbox"/> Consults: | | | | |
| <input type="checkbox"/> See general orders sheet for additional requests. | | | | |
| DOCTOR'S SIGNATURE: | | | | SIGNATURE: |
| | | | | UC: |