



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](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

# PROTOCOL CODE: LUOTPE

<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>					
<b>DATE:</b> _____		<b>To be given:</b> _____		<b>Cycle #:</b> _____	
Date of Previous Cycle: _____					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff</b> day of treatment May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L, Creatinine Clearance greater than or equal to 60 mL/minute (if using CISplatin)</b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____					
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to treatment on Days 1 to 3 <b>dexamethasone</b> <input type="checkbox"/> <b>8 mg</b> or <input type="checkbox"/> <b>12 mg</b> (select one) PO 30 to 60 minutes prior to treatment on Days 1 to 3 <input type="checkbox"/> <b>aprepitant 125 mg</b> PO 30 to 60 minutes prior to treatment on Day 1; then <b>80 mg</b> PO daily on Day 2 and 3 If additional antiemetic required: <input type="checkbox"/> <b>OLANzapine</b> <input type="checkbox"/> <b>2.5 mg</b> or <input type="checkbox"/> <b>5 mg</b> or <input type="checkbox"/> <b>10 mg</b> (select one) PO 30 to 60 minutes prior to treatment <input type="checkbox"/> <b>hydrocortisone 100 mg</b> IV prior to etoposide <input type="checkbox"/> <b>diphenhydrAMINE 50 mg</b> IV prior to etoposide <input type="checkbox"/> <b>Other:</b> _____					
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>					
<b>TREATMENT:</b>					
<b>CISplatin 25 mg/m<sup>2</sup>/day</b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> /day x BSA = _____ mg IV in 100 to 250 mL NS over 30 minutes x <b>3 days</b> <b>OR</b> <b>CARBOplatin AUC 5 x (GFR + 25)</b> = _____ mg IV in 100 to 250 mL NS over 30 minutes <b>Day 1 only</b>  <b>etoposide 100 mg/m<sup>2</sup>/day</b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> /day x BSA = _____ mg IV in 250 to 1000 mL (non-DEHP bag) NS over 45 minutes to 1 hour 30 minutes x <b>3 days</b> (use non-DEHP tubing with 0.2 micron in-line filter)					
<b>RETURN APPOINTMENT ORDERS</b>					
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____. Book chemo x 3 days. <input type="checkbox"/> Last Cycle. Return in _____ week(s).					
<b>CBC &amp; Diff, creatinine</b> prior to each cycle If clinically indicated: <input type="checkbox"/> <b>total bilirubin</b> <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>					
<b>DOCTOR'S SIGNATURE:</b> _____				<b>SIGNATURE:</b> _____	
				<b>UC:</b> _____	