



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: LUAVPG

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, 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		
	<input type="checkbox"/>	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				
CHEMOTHERAPY:				
gemcitabine <input type="checkbox"/> 1250 mg/m² or <input type="checkbox"/> 1000 mg/m² (select one) x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: (_____ %) = _____ mg/m ² x BSA = _____ mg				
IV in 250 mL NS over 30 minutes on Day 1 and Day 8				
CISplatin 75 mg/m²/day 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 <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, must use gemcitabine 1000 mg/m ²)				
DOSE MODIFICATION FOR DAY 8				
gemcitabine <input type="checkbox"/> 1250 mg/m² or <input type="checkbox"/> 1000 mg/m² (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, Platelets, Creatinine, ALT, Bili, Alk Phos, LDH prior to Day 1				
CBC & Diff, Platelets, 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: