



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

PROTOCOL CODE: LUSCPERT

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 96 hours ANC greater than or equal to 1.5 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 _____. Ondansetron 8 mg PO prior to treatment on Days 1-3 Dexamethasone 8 mg or 12 mg (circle one) PO prior to treatment on Days 1-3 <input type="checkbox"/> Hydrocortisone 100 mg IV prior to Etoposide <input type="checkbox"/> Diphenhydramine 50 mg IV prior to Etoposide <input type="checkbox"/> Other: _____				
Have Hypersensitivity Reaction Tray and Protocol Available				
CHEMOTHERAPY: Cisplatin 25 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 to 250 mL NS over 20 to 30 minutes x 3 days OR Carboplatin AUC 5 x (GFR + 25) = _____ mg IV in 250 mL D5W over 30 minutes Day 1 only Etoposide 100 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 500 mL (non-PVC bag) NS over 45 minutes x 3 days (use non-PVC tubing)				
STANDING ORDER FOR ETOPOSIDE TOXICITY: Hydrocortisone 100 mg IV prn / Diphenhydramine 50 mg IV prn				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three or four (circle one) weeks for Doctor and Cycle _____. Book chemo x 3 days. <input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, Platelets, Creatinine prior to each cycle If clinically indicated: <input type="checkbox"/> Bilirubin <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:		SIGNATURE:		
		UC:		