



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: LUPUPE

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

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

Date of Previous Cycle: _____

Delay treatment _____ week(s)

CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to $1.5 \times 10^9/L$, Platelets greater than or equal to $100 \times 10^9/L$, Creatinine Clearance greater than or equal to 60 mL/minute (if using cisplatin)**

Dose modification for: **Hematology** **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

Hydrocortisone 100 mg IV prior to Etoposide

Diphenhydramine 50 mg IV prior to Etoposide

Other: _____

****Have Hypersensitivity Reaction Tray and Protocol Available****

CHEMOTHERAPY:

Cisplatin 25 mg/m²/day x BSA = _____ mg

Dose Modification: _____ % = _____ mg/m² 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

Dose Modification: _____ % = _____ mg/m² 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

Return in **three** or **four** (circle one) weeks for Doctor and Cycle _____. Book chemo x 3 days.

Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Creatinine prior to each cycle

If clinically indicated: **Bilirubin**

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: