



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: ULUAVPP

A BCCA "Compassionate Access Program" request form must be completed and approved prior to treatment.

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 $1.5 \times 10^9/L$, 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: <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				
Dexamethasone 4 mg PO bid for 3 days starting one day prior to each treatment				
Ensure patient is taking Folic Acid and has had Vitamin B12 injection starting at least 7 days prior to first cycle, and to continue while on treatment, until 21 days after last Pemetrexed dose.				
<input type="checkbox"/> Aprepitant 125 mg PO pre-chemotherapy on Day 1 and 80 mg PO in the morning once daily on Days 2 and 3				
Have Hypersensitivity Reaction Tray & Protocol Available				
HYDRATION:				
1000 mL NS over 1 hour prior to Cisplatin				
CHEMOTHERAPY:				
Pemetrexed 500 mg/m^2 x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m^2 x BSA = _____ mg				
IV in 100 mL NS over 10 minutes (may be given during prehydration)				
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 sulphate 1 g and Mannitol 30 g over 1 hour				
OR				
Carboplatin AUC 5 x (GFR + 25) = _____ mg IV in 250 mL D5W over 30 minutes				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, Platelets, Creatinine, Bili, AST, LDH prior to each cycle				
CBC & Diff, Platelets weekly during Cycles 1 and 2				
Vitamin B12 injection required every 9 weeks. Patient to obtain supply.				
<input type="checkbox"/> This patient to receive injection in clinic. Next injection due by _____.				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	