



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

PROTOCOL CODE: GOBEP

<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: _____				
May proceed with Day 5 Etoposide if <b>ANC greater than or equal to 1 x 10<sup>9</sup>/L</b> <b>NO TREATMENT DELAY FOR DAY 1 BLOOD WORK.</b> Dose modification for: <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
<b>Ondansetron 8 mg PO prior to treatment (Days 1 – 5)</b>				
<b>Dexamethasone 8 mg or 12 mg (circle one) prior to treatment on Day 1; then 4 mg PO BID for Days 2 - 5.</b>				
<b>Hydrocortisone 100 mg IV in 50-100 mL NS over 10-15 minutes pre-Bleomycin Day 2, 9, and 16.</b>				
<input type="checkbox"/> <b>Aprepitant 125 mg PO pre-chemotherapy on day 1 and 80 mg PO once daily in the morning on Days 2 and 3</b>				
<input type="checkbox"/> <b>Hydrocortisone 100 mg IV prior to treatment (Days 1 – 5)</b>				
<input type="checkbox"/> <b>DiphenhydrAmine 50 mg IV prior to treatment (Days 1 – 5)</b>				
**Have Hypersensitivity Reaction Tray and Protocol Available**				
PRE-HYDRATION: 1000 mL NS with 20 mEq potassium chloride and 2 g magnesium sulfate IV over 1 hour prior to chemotherapy.				
CHEMOTHERAPY:				
<b>CISplatin 20 mg/m<sup>2</sup>/day x BSA = _____ mg</b>				
<input type="checkbox"/> <b>Dose Modification: _____ % = _____ mg/m<sup>2</sup>/day x BSA = _____ mg</b>				
IV in 100 mL NS over 30 minutes. (Days 1-5)				
<b>Etoposide 100 mg/m<sup>2</sup>/day x BSA = _____ mg</b>				
<input type="checkbox"/> <b>Dose Modification: _____ mg/m<sup>2</sup>/day x BSA = _____ mg</b>				
IV in 500 mL NS (non-PVC bag) over 45 minutes (Use non-PVC tubing). (Days 1-5)				
<b>Bleomycin _____ units (dose is 30 units*) IV in 50 mL NS over 10 minutes on Day 2, 9 and 16.</b>				
*bleomycin dose will need to be filled in with suggested dosing. Any dose modifications can result in inferior outcomes.				
POST-HYDRATION: 500 mL NS IV over 0.5 to 1 hour.				
STANDING ORDER FOR ETOPOSIDE TOXICITY:				
<b>Hydrocortisone 100 mg IV prn / DiphenhydrAmine 50 mg IV prn</b>				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____. Book chemo days 1 – 5. Book chemo for days 9 and 16 if Bleomycin is ordered.				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; Diff, Platelets, Creatinine, Magnesium, LDH, AFP, HCG</b> , prior to each cycle.				
<input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> on Day 5 if ANC on Day 1 less than 1 x 10 <sup>9</sup> /L				
<input type="checkbox"/> <b>Creatinine</b> on Day 5 if Creatinine on Day 1 greater than ULN				
<input type="checkbox"/> <b>Creatinine</b> on Days 2, 9 and 16 if patient receiving Bleomycin				
<input type="checkbox"/> Day 12 nadir <b>CBC &amp; Diff, Platelets</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>				
DOCTOR'S SIGNATURE: _____				RN: UC: