



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: GOEP

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: _____				
May proceed with Day 5 Etoposide if ANC greater than or equal to 1 x 10⁹/L				
NO TREATMENT DELAY FOR DAY 1 BLOOD WORK.				
Dose modification for: <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 8 mg or 12 mg (circle one) PO prior to treatment and at hour 8 daily				
<input type="checkbox"/> Aprepitant 125 mg PO pre-chemotherapy on day 1 and 80 mg PO once daily in the morning on days 2 and 3				
<input type="checkbox"/> Hydrocortisone 100 mg IV prior to Etoposide				
<input type="checkbox"/> DiphenhydrAmine 50 mg IV prior to Etoposide				
Have Hypersensitivity Reaction Tray and Protocol Available				
CHEMOTHERAPY:				
CISplatin 20 mg/m²/day x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____% = _____ mg/m ² /day x BSA = _____ mg				
IV in 100 mL NS over 30 minutes. (Days 1-5)				
Etoposide 100 mg/m²/ day x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____% = _____ mg/m ² /day x BSA = _____ mg				
IV in 500 mL NS (non-PVC bag) over 45 minutes (use non-PVC tubing). (Days 1-5)				
STANDING ORDER FOR ETOPOSIDE TOXICITY:				
Hydrocortisone 100 mg IV prn / DiphenhydrAmine 50 mg IV prn.				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo days 1 -5.				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, Platelets, Lytes, Creatinine, Magnesium prior to each cycle.				
<input type="checkbox"/> If Clinically Indicated: LDH, AFP, HCG				
<input type="checkbox"/> CBC & Diff, Platelets on Day 5 (all cycle except cycle 1) if ANC on Day 1 less than 1 x 10 ⁹ /L				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE: _____				SIGNATURE: _____
				UC: _____