



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: GUBEP

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: _____				
No Treatment Delay for Day 1 Bloodwork.				
May proceed with Day 5 Etoposide if ANC greater than or equal to $1 \times 10^9/L$				
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 Days 1-5				
Dexamethasone 8 mg or 12 mg (circle one) PO prior to treatment Day 1 then 4 mg bid Days 2-5				
Hydrocortisone 100 mg IV prior to Bleomycin Day 1, Day 8, Day 15				
<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				
<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				
PRE-HYDRATION:				
1000 mL NS with 20 mEq potassium chloride and 2 g magnesium sulfate over 1 hour prior to cisplatin				
CHEMOTHERAPY:				
Bleomycin = _____ units (dose is 30 units)* IV in 50 mL NS over 10 minutes Day 1, Day 8, and Day 15				
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 to 5				
Etoposide 100 mg/m²/day x BSA x (_____ %) = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg				
IV in 500 to 1000 mL (non-PVC bag) NS over 45 min to 1 hour 15 min on Days 1 to 5 (use non-PVC tubing).				
*Bleomycin will need to be filled in with suggested dosing. Any dose modifications can result in inferior outcomes.				
POST-HYDRATION: 500 mL NS over 30 minutes to 1 hour post chemotherapy on days 1 to 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 to 5, Day 8 & 15				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, Platelets, Creatinine, LDH, AFP, hCG, magnesium, lytes, random glucose prior to each cycle				
Creatinine Day 8 and Day 15, if patient receiving Bleomycin				
CBC & Diff, Platelets on Day 5, if ANC on Day 1 less than $1 \times 10^9/L$				
Creatinine on Day 5, if creatinine on Day 1 greater than upper limit of normal				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: