



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: GUBPRT

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 day of treatment May proceed with doses as written if within 24 hours ANC greater than or equal to 0.8 x 10⁹/L Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____ <input type="checkbox"/> Chemo RN to check whether radiation appointment is booked to be delivered on same day as cisplatin administration.				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____. Ondansetron 8 mg PO prior to chemotherapy Dexamethasone 8 mg PO prior to chemotherapy <input type="checkbox"/> Other:				
OPTIONAL PRE HYDRATION: <input type="checkbox"/> 1000 mL 2/3 D5W-1/3 NS + 20 mEq potassium chloride + 2 g magnesium sulfate IV over 1 hour prior to cisplatin.				
CHEMOTHERAPY: Cisplatin 40 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 500 mL NS with 30 g Mannitol and 2 g magnesium sulfate over 1 hour.				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in _____ week(s) for Doctor. Book chemo weekly x _____ weeks. Clerks take note of optional pre-hydration orders. Book chemotherapy and radiation appointments on same day. <input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, Platelets, Electrolytes, Creatinine prior to next treatment Prior to next treatment: <input type="checkbox"/> Magnesium <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	