



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: GUEP

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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: **Hematology** **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 only

Dexamethasone 8 mg or 12 mg (circle one) PO prior to treatment Day 1 then 4 mg bid Days 2-5

Aprepitant 125 mg PO pre-chemotherapy on Day 1 and 80 mg PO once daily in the morning on Days 2 and 3

Hydrocortisone 100 mg IV prior to Etoposide

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:

CISplatin $20 \text{ mg/m}^2 \times \text{BSA} =$ _____ mg

Dose Modification: _____ % = _____ $\text{mg/m}^2 \times \text{BSA} =$ _____ mg

IV in 100 mL NS over **30 minutes Days 1 - 5**

Etoposide $100 \text{ mg/m}^2/\text{day} \times \text{BSA} =$ _____ mg

Dose Modification: _____ % = _____ $\text{mg/m}^2 \times \text{BSA} =$ _____ mg

IV in 500 mL (non-PVC bag) NS over **45 minutes Days 1 - 5** (use non-PVC tubing)

POST-HYDRATION: 500 mL NS over 30-60 minutes post chemotherapy on days 1-5

STANDING ORDER FOR ETOPOSIDE TOXICITY:

Hydrocortisone 100 mg IV prn / Diphenhydramine 50 mg IV prn

RETURN APPOINTMENT ORDERS

Return in **three** weeks for Doctor and Cycle _____. Book chemo Days 1-5.

Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Creatinine, LDH, AFP, hCG, Magnesium, lytes, random glucose prior to each cycle

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

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: _____

SIGNATURE: _____

UC: _____