



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: GUFUPRT

<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: _____				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> day of treatment <input type="checkbox"/> <b>Creatinine</b> May proceed with doses as written if within 96 hours <b>ANC greater than or equal to 1.5 x 10<sup>9</sup>/L</b> , <b>Platelets greater than or equal to 100 x 10<sup>9</sup>/L</b> , <b>Creatinine Clearance greater than 75 mL/minute</b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>ECOG/Age</b> <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</b> prior to cisplatin each day <b>Dexamethasone 12 mg PO</b> before cisplatin each day <b>Dexamethasone 4 mg PO</b> 12 hours after cisplatin each day <b>Dexamethasone 4 mg PO bid Day 4 &amp; 5</b> <input type="checkbox"/> <b>Other:</b>				
CHEMOTHERAPY: <b>Cisplatin 25 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> <b>Dose Modification:</b> _____% = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 500 mL NS over 45 minutes x 3 or 4 days ( <i>circle one</i> ) <b>OR</b> <b>Mitomycin C 10 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> <b>Dose Modification:</b> _____% = _____ mg/m <sup>2</sup> x BSA = _____ mg IV push on Day 1 of every second cycle. Maximum cumulative dose is 20 mg/m <sup>2</sup> <b>Fluorouracil 1000 mg/m<sup>2</sup>/day or _____ mg/m<sup>2</sup>/24 hours x BSA = _____ mg/day for 4 days (total dose = 4000 mg/m<sup>2</sup> over 96 h)</b> <input type="checkbox"/> <b>Dose Modification:</b> _____% = _____ mg/m <sup>2</sup> /day x BSA = _____ mg/day for 4 days (total dose = _____ mg over 96h) IV in D5W to a total volume of 192 mL by continuous infusion at 2 mL/h via Baxter LV2 infusor				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle _____ <input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; Diff, Platelets, Creatinine</b> prior to each cycle If clinically indicated: <input type="checkbox"/> <b>Bili, ALT, AST, LDH, Aik Phos</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>				
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>		
		UC:		