



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: HNDE

<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				
May proceed with doses as written if within 96 hours of Day 1 and Day 8: <b>ANC greater than or equal to 1 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L, Creatinine less than 180 micromol/L</b>				
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____				
Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
<b>Ondansetron 8 mg</b> PO prior to treatment <b>Dexamethasone 8 mg or 12 mg</b> (circle one) PO prior to treatment <input type="checkbox"/> <b>Hydrocortisone 100 mg</b> IV prior to treatment <input type="checkbox"/> <b>Diphenhydramine 50 mg</b> IV prior to treatment <input type="checkbox"/> <b>Other:</b>				
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>				
CHEMOTHERAPY:				
<b>Cisplatin 25 mg/m<sup>2</sup></b> x BSA x ( _____ %) = _____ mg IV in 100 - 250 mL NS over 20-30 minutes on <b>Day 1 and Day 8</b>				
<b>Etoposide 80 mg/m<sup>2</sup></b> x BSA x ( _____ %) = _____ mg IV in 500 mL (non-PVC bag) NS over 30-60 minutes on <b>Day 1</b> (use non-PVC tubing)				
<b>Etoposide 160 mg/m<sup>2</sup></b> x BSA x ( _____ %) = _____ mg PO on <b>Day 2</b> (Round to nearest 50 mg)				
STANDING ORDER FOR ETOPOSIDE TOXICITY:				
<b>Hydrocortisone 100 mg</b> IV prn and <b>Diphenhydramine 50 mg</b> IV prn				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>two</b> weeks for Doctor and Cycle _____. Book chemo Days 1 and 8 <input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; Diff, Platelets, Creatinine</b> prior to each cycle. <input type="checkbox"/> <b>CBC &amp; Diff, Platelets, Creatinine</b> prior to Day 8. If clinically indicated: <input type="checkbox"/> <b>Bilirubin</b> <input type="checkbox"/> <b>AST</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>				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: