



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: HNPRT

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, Platelets day of treatment May proceed with doses as written if within 96 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, and Creatinine Clearance greater than or equal to 60 mL/minute.		
Dose modification for: <input type="checkbox"/> Hematology <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 prior to treatment Dexamethasone 8 mg prior to treatment <input type="checkbox"/> Other: _____		
CHEMOTHERAPY: Cisplatin 25 mg/m²/day x BSA x (_____ %) = _____ mg IV in 100-250 mL NS over 20-30 minutes x 3 or 4 days <div style="text-align: right;"><i>(circle one)</i></div>		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in three or four (<i>circle one</i>) weeks for Doctor and Cycle _____. Book chemo x 3 or 4 (<i>circle one</i>) days.		
<input type="checkbox"/> Last Cycle. Return in _____ week(s).		
CBC & Diff, Platelets, Creatinine prior to each cycle <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:		
		SIGNATURE:
		UC: