



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: HNSAVFUP

<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, creatinine</b> day of treatment 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, Platelets greater than or equal to 100 x 10<sup>9</sup>/L, Creatinine Clearance greater than or equal to 60 mL/minute.</b>				
Dose modification for: <input type="checkbox"/> <b>Hematology</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</b> po 30 minutes prior to treatment				
<b>Dexamethasone 8 mg</b> po 30 minutes prior to treatment				
<b>Optional: Aprepitant 125 mg</b> PO 30 minutes pre-CISplatin on day 1 and <b>80 mg</b> PO once daily in the morning on days 2 and 3				
<input type="checkbox"/> <b>Other:</b> _____				
CHEMOTHERAPY:				
<b>Fluorouracil 1000 mg/m<sup>2</sup>/day</b> x BSA = _____ mg/day for 4 days (total dose = _____ mg over 96 hours)				
<input type="checkbox"/> <b>Dose Modification:</b> _____ mg/m <sup>2</sup> x BSA = _____ mg/day for 4 days (total dose = _____ mg over 96 h)				
IV in D5W to a total volume of 192 mL by continuous infusion at 2 mL/h via Baxter LV2 infusor				
<b>CISplatin 25 mg/m<sup>2</sup>/day</b> x BSA = _____ mg				
<input type="checkbox"/> <b>Dose Modification:</b> _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg				
IV in 100 mL NS over 30 minutes daily x <b>3</b> or <b>4</b> days ( <i>circle one</i> )				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle _____.				
Book chemo for <b>3</b> or <b>4</b> ( <i>circle one</i> ) days.				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; Diff, Platelets, Creatinine</b> prior to each cycle				
<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:	