



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: HNAVPE

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: _____

Delay treatment _____ week(s)

CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to $1.5 \times 10^9/L$, Platelets greater than or equal to $100 \times 10^9/L$, Serum Creatinine less than 140 micromol/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 30 minutes prior to treatment

Dexamethasone 12 mg PO 30 minutes prior to treatment

Optional: Aprepitant 125 mg PO 30 minutes pre-cisplatin on day 1 and 80 mg PO once daily in the morning on days 2 and 3

Hydrocortisone 100 mg IV prior to treatment

DiphenhydrAMINE 50 mg IV prior to treatment

Other:

****Have Hypersensitivity Reaction Tray and Protocol Available****

CHEMOTHERAPY:

CISplatin 25 mg/m²/day or 15 mg/m²/day (circle one) x BSA = _____ mg/day

Dose Modification: _____% = _____ mg/m²/day x BSA = _____ mg

IV in 100 mL NS over **30 minutes** x 3 days

Etoposide 100 mg/m²/day x BSA = _____ mg/day

Dose Modification: _____% = _____ mg/m²/day x BSA = _____ mg

IV in 500 mL (non-PVC bag) NS over **45 minutes** x 3 days (use non-PVC tubing)

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 x 3 days.

Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Creatinine prior to each cycle

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: