BC Cancer Agency
CARE & RESEARCH

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: HNNAVP

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:

☐ Delay treatment _____ week(s)
☐ **CBC & Diff, Platelets, Creatinine** day of treatment

May proceed with doses as written if within 24 hours **ANC greater than or equal to 1 x 10^9/L, Platelets greater than 100 x 10^9/L, Creatinine Clearance greater than or equal to 60 mL/min.**

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 prior to treatment
Dexamethasone 8 mg or **12 mg** *(circle one)* prior to treatment
☐ **Prochlorperazine 10 mg** PO prior to treatment
☐ **Other:**

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

CHEMOTHERAPY:

Cisplatin 25 mg/m^2/day x BSA = _____ mg
☐ Dose Modification: _____% = _____mg/m^2 x BSA = _____mg
IV in 100 mL NS IV over 30 minutes on **Days 1 and 8**

DOSE MODIFICATION REQUIRED ON DAY 8:
Cisplatin 25 mg/m^2/day x BSA = _____ mg
☐ Dose Modification: _____% = _____mg/m^2 x BSA = _____mg
IV in 100 mL NS IV over 30 minutes on **Day 8**

RETURN APPOINTMENT ORDERS

☐ Return in _____ weeks for Doctor and Cycle _____, book chemo Day 1 & 8.
☐ Last Cycle. Return in _____ week(s).

CBC & Diff, Platelets, Creatinine prior to Day 1 and 8

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: