



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: HNNLAPG

**Class II Drug**

Induction treatment of locally advanced nasopharyngeal cancer with cisplatin and gemcitabine

<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, ALT, AST, Bilirubin</b> on day of treatment May proceed with doses as written if within 24 hours <b>ANC greater than or equal to 1 x 10<sup>9</sup>/L, Platelets greater than 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 PO</b> prior to treatment Day 1 <b>Dexamethasone 8 mg or 12 mg (circle one) PO</b> prior to treatment Day 1 <input type="checkbox"/> <b>Aprepitant 125 mg PO</b> pre-chemotherapy on day 1 and <b>80 mg PO</b> once daily in the morning on days 2 and 3 <input type="checkbox"/> <b>Prochlorperazine 10 mg PO</b> prn <input type="checkbox"/> <b>Metoclopramide 10 mg PO</b> prn <input type="checkbox"/> <b>Other:</b> _____				
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>				
HYDRATION: 1000 mL NS IV over 1 hour prior to CISplatin				
CHEMOTHERAPY: <b>Gemcitabine 1250 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> Dose Modification: _____% = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 mL NS over 30 minutes on <b>Day 1 and Day 8</b>  <b>CISplatin 80 mg/m<sup>2</sup>/day x BSA = _____ mg</b> <input type="checkbox"/> Dose Modification: _____% = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 500 mL NS, with potassium chloride 20 mEq, magnesium sulfate 1 g and Mannitol 30 g over 1 hour <b>Day 1</b>				
DOSE MODIFICATION FOR DAY 8 <b>Gemcitabine 1250 mg/m<sup>2</sup> x BSA = _____ mg</b> <input type="checkbox"/> Dose Modification: _____% = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 mL NS over 30 minutes				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____. Book chemo Day 1 and 8. <input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; Diff, Platelets, Creatinine, ALT, AST, Bilirubin</b> prior to <b>Day 1</b> <b>CBC &amp; Diff, Platelets, Creatinine</b> , prior to <b>Day 8</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:		