



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: HNLAPRT (Short Hydration)

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"/> Prior to each cycle: CBC & Diff, Platelets, Serum Creatinine, Lytes, Calcium, Albumin, Magnesium May proceed with doses as written if within 24 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L 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 PO/IV 30 minutes pre-chemotherapy and then 8 mg q12h x 6 doses Dexamethasone 12 mg PO/IV 30 minutes pre-chemotherapy and then 4 mg PO/IV q12h x 6 doses Aprepitant 125 mg PO 30 minutes pre-chemotherapy and 80 mg post-chemotherapy daily for 2 days				
PRNs: Lorazepam 1 mg SL q4-6h prn for nausea, sleep or restlessness Prochlorperazine 10 mg PO/IV q4-6h prn for nausea Diphenhydramine 25-50 mg PO/IV q4-6h prn				
PRE-HYDRATION: 2/3 D5W 1/3 NS 1000 mL with Potassium Chloride 20 mEq plus Magnesium Sulfate 2 g over 1 hour.				
CHEMOTHERAPY: Chemotherapy is only to be administered if concurrent with radiation. If there is a significant delay in the delivery of Cycle 2, scheduling with radiation may result in omission of the third cycle. CISPLATIN 100 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____% = _____ mg/m ² x BSA = _____ mg IV in NS 1000 mL with Mannitol 30 g and Potassium Chloride 10 mEq over 2 hours.				
POST-HYDRATION: 2/3 D5W 1/3 NS 1000 mL with Potassium Chloride 20 mEq/L plus Magnesium Sulfate 2 g/L at 500 mL/hr for 2 hours. May be administered in host hospital to ensure adequate hydration.				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. <input type="checkbox"/> Last Cycle. Return in _____ weeks.				
CBC & Diff, Platelets, Lytes, Serum Creatinine, Calcium, Albumin, Magnesium prior to each cycle. <input type="checkbox"/> If Clinically Indicated: Bilirubin, Phosphate <input type="checkbox"/> _____ weeks post last treatment: CT Scan (neck) <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	