



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: HNSAVNP

**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**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 1.5 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**

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*) PO prior to treatment

**Hydrocortisone 100 mg** IV prn

**Aprepitant 125 mg** PO pre-chemotherapy on day 1 and **80 mg** PO once daily in the morning on days 2 and 3

**Prochlorperazine 10 mg** PO prn

**Metoclopramide 10 mg** PO prn

**Other:**

HYDRATION: 500 mL NS with 10 mEq potassium chloride and 2 g magnesium sulphate IV over 30 minutes to 1 hour prior to cisplatin

**CHEMOTHERAPY:**

**Cisplatin 30 mg/m<sup>2</sup>/day** x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in NS 100 to 250 mL over 20 to 30 minutes on **Day 1 and Day 8**

**Vinorelbine 30 mg/m<sup>2</sup>/day** x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in NS 50 mL over 10 minutes on **Day 1 and Day 8**

Flush vein with NS 75 to 125 mL following infusion of Vinorelbine.

**DOSE MODIFICATION**

**Vinorelbine 25 mg/m<sup>2</sup>/day** x BSA = \_\_\_\_\_ mg

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in NS 50 mL over 6 minutes on **Day 1 and Day 8**

Flush vein with NS 75 to 125 mL following infusion of Vinorelbine.

**RETURN APPOINTMENT ORDERS**

Return in **three** weeks for Doctor and Cycle \_\_\_\_\_. Book chemo Day 1 and 8.

Last Cycle. Return in \_\_\_\_\_ week(s).

**CBC & Diff, Platelets, Creatinine** prior to each treatment

If clinically indicated:  **Bilirubin**

**Other tests:**

**Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: