**DOCTOR’S ORDERS**

<table>
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<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
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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 day of treatment

May proceed with doses as written if within 72 hours **ANC greater than or equal to** $1.5 \times 10^9$/L, **Platelets greater than or equal to** $75 \times 10^9$/L and **Creatinine Clearance greater than or equal to** $60$ mL/minute

Dose modification for:  

- [ ] Hematology  
- [ ] Renal Dysfunction  
- [ ] Other Toxicity: ____________

Proceed with treatment based on blood work from ____________

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm ____________.

**Cycles 1 and 2, 4 and 5:**

- dexamethasone [ ] 8 mg or [ ] 12 mg (select one) PO 30 to 60 minutes prior to CISplatin
- and select ONE of the following:
  - [ ] aprepitant 125 mg PO 30 to 60 minutes prior to CISplatin on Day 1, then 80 mg PO daily on Day 2 and 3
  - ondansetron 8 mg PO 30 to 60 minutes prior to CISplatin
  - netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CISplatin

**Cycle 3:**

- ondansetron 8 mg PO prior to chemotherapy
- dexamethasone 8 mg PO prior to chemotherapy
- prochlorperazine 10 mg PO prior to chemotherapy OR
- metoclopramide 10 mg PO prior to chemotherapy

**HYDRATION:** 1000 mL NS over 1 hr prior to CISplatin.

**CHEMOTHERAPY:**

- [ ] Cycle 1: 3 week cycle (weeks 1-3) pre-RT  
- [ ] Cycle 2: 3 week cycle (weeks 4-6) pre-RT  
- [ ] Cycle 4: 3 week cycle starting 2-4 weeks post-RT  
- [ ] Cycle 5: 3 week cycle post-RT

**CISplatin 60 mg/m² x BSA = ____________ mg**

- Dose Modification: _______% = _______ mg/m² x BSA = ___________ mg
- IV in NS 500 mL with potassium chloride 20 mEq, magnesium sulfate 1 g, and mannitol 30 g over 1 hour **Day 1 only**.

**capecitabine 1000 mg/m² x BSA x (_______%) = ____________ mg PO BID with food x 14 days**

(Total daily dose = 2000 mg/m²) (Round dose to nearest 150 mg)

- [ ] Cycle 3: Over 5 weeks (weeks 7-11)

**capecitabine 825 mg/m² x BSA x (_______%) = ____________ mg PO BID with food each RT day only. The second dose should be taken 10-12 hours after the first dose.**

(Total daily dose = 1650 mg/m²) To be dispensed in appropriate weekly intervals, Monday-Friday with Saturday, Sunday and Statutory holidays off. (Round dose to nearest 150 mg)

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**
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<th><strong>RETURN APPOINTMENT ORDERS</strong></th>
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- ☐ Return in **three** weeks for Doctor and chemo Cycle ☐ 2 or ☐ 5 (select one).
  - Book chemo for **Day 1**.
- ☐ Return in **three** weeks for Doctor and Cycle 3 oral chemo.
- ☐ Return in ________ weeks for Doctor assessment during RT.
- ☐ Return in ________ weeks (2-4 weeks) after RT completed for Doctor and Cycle 4.
  - Book chemo for **Day 1**.
- ☐ Last Cycle. Return in ______ week(s).

**CBC & diff, platelets, creatinine** prior to each treatment

**CBC & diff, platelets, creatinine** weekly during radiation therapy

If clinically indicated: ☐ Tot. Prot  ☐ Albumin  ☐ Bilirubin  ☐ GGT  ☐ Alk Phos.
- ☐ AST  ☐ LDH  ☐ ALT  ☐ BUN  ☐ Electrolytes
  - ☐ INR weekly  ☐ INR prior to each cycle

☐ Other tests:

☐ Weekly Nursing Assessment for (specify concern): _________________________

☐ Consults:

☐ See general orders sheet for additional requests.

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**UC:**