**DOCTOR’S ORDERS**

<table>
<thead>
<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 x 10⁹/L, Platelets greater than or equal to 75 x 10⁹/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&2, 4&5:**
- ondansetron 8 mg PO prior to CISplatin
- dexamethasone 8-12 mg PO prior to CISplatin
- aprepitant 125 mg PO prior to CISplatin and 80 mg PO post chemotherapy once daily on Day 2 and 3

**Cycle 3:**
- [ ] ondansetron 8 mg PO prior to chemotherapy
- [ ] dexamethasone 8 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)

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:
### RETURN APPOINTMENT ORDERS

- Return in **three** weeks for Doctor and chemo Cycle 2 or 5 (circle 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**.

- Return in ______ week(s).

#### CBC & diff, platelets, creatinine
- Prior to each treatment
- Weekly during radiation therapy

If clinically indicated:  
- Total Protein (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.

**DOCTOR’S SIGNATURE:** __________________________  
**SIGNATURE:** __________________________

**UC:** __________________________