## 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 and 2, 4 and 5:**

- **dexamethasone 8 mg or 12 mg** (circle one) PO 30 to 60 minutes prior to CISplatin
- 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:**
## RETURN APPOINTMENT ORDERS

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- ☐ 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**.

- ☐ Last Cycle. Return in ______ week(s).

### CBC & diff, platelets, creatinine
- Prior to each treatment
- 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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**SIGNATURE:**

**UC:**

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Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at [www.bccancer.bc.ca/terms-of-use](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.