**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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**DATE:**

**To be given:**

**Cycle #:**

**Date of Previous Cycle:**

- □ Delay treatment ______ week(s)
- □ CBC & diff, platelets, creatinine, sodium and potassium day of treatment

May proceed with doses as written if within 96 hours

- ANC greater than or equal to $1.5 \times 10^9$/L
- Platelets greater than or equal to $100 \times 10^9$/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 chemotherapy Day 1
- dexamethasone 8 mg or 12 mg (circle one) PO prior to chemotherapy Day 1
- aprepitant 125 mg PO prior to chemotherapy Day 1 and 80 mg PO post chemotherapy once daily on Day 2 and 3
- metoclopramide 10 mg PO prn prior to chemotherapy
- prochlorperazine 10 mg PO prn prior to chemotherapy
- Other:

**PRE-HYDRATION:**

1000 mL NS over 1 hour pre-CISplatin

**CHEMOTHERAPY:**

- CISplatin $80 \text{mg/m}^2 \times \text{BSA} = \ldots \text{mg}$
- □ Dose Modification: _____% = _____ mg/m² x BSA = _____ mg
- IV in 500 mL NS with 20 mEq potassium chloride, 1 g magnesium sulphate, 30 g mannitol over 1 hour
- capecitabine $1000 \text{mg/m}^2 \times \text{BSA} \times (\ldots\%) = \ldots \text{mg}$ PO bid with food x 14 days

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

**RETURN APPOINTMENT ORDERS**

- □ Return in three weeks for Doctor and Cycle _____
- □ Return in _____ weeks for Doctor and Cycle _____
- □ Last Cycle. Return in _______ week(s).

**CBC & diff, platelets, creatinine, sodium, potassium** prior to each cycle

- If clinically Indicated: □ bilirubin □ ALT □ Alk Phos □ CEA □ CA 19-9 □ SCC
- □ 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:**