<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ht ______ cm Wt ______ kg BSA ______ m²</td>
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</tbody>
</table>

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, sodium and potassium day of treatment

May proceed with doses as written if within 96 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, and 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 mg/m² x BSA = ________ 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 mg/m² x BSA x (______ %) = ________ 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

☐ 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: ______

Created: 1 Sept 2012 Revised: 1 Mar 2019