**DOCTOR’S ORDERS**  
Ht________cm  Wt________kg  BSA________m²

**REMEMBER:** 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 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  
- □ dexamethasone 8 mg PO prior to chemotherapy  
- □ metoclopramide 10 to 20 mg PO prn prior to chemotherapy  
- □ prochlorperazine 10 mg PO prn prior to chemotherapy  
- □ aprepitant 125 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

- □ Cycle 1 Only:  
  - trastuzumab (HERCEPTIN) 8 mg/kg x ______ kg = ______ mg IV in 250 mL NS over 1 hour 30 minutes.  
  - Observe for 1 hour post infusion**

- □ Cycle 2  
  - trastuzumab (HERCEPTIN) 6 mg/kg x ______ kg = ______ mg IV in 250 mL NS over 1 hour every three weeks x ______ Cycle(s)  
  - Observe for 30 minutes post infusion**

- □ Cycle 3 and Subsequent:  
  - trastuzumab (HERCEPTIN) 6 mg/kg x ______ kg = ______ mg IV in 250 mL NS over 30 minutes every three weeks x ______ Cycle(s)  
  - Observe for 30 minutes post infusion**  

**acetaminophen 325 to 650 mg PO PRN for headache and rigors**

- fluorouracil 800 mg/m²/day x BSA = _____ mg/day for 5 days (total dose for each 5 day infusor = _____ mg over 120 h)  
  - □ Dose Modification: ______% = ______ mg/m²/day x BSA = _____ mg/day for 5 days (total dose for each 5 day infusor = _____ mg over 120 h)  
  - IV in D5W to a total volume of 240 mL by continuous infusion at 2 mL/h via Baxter LV2 infusor.  
  - (Total dose = 4000 mg/m² over 120 hours)

**DOCTOR’S SIGNATURE:**  

**SIGNATURE:**  

**UC:**
**RETURN APPOINTMENT ORDERS**

- Return in **three** weeks for Doctor and Cycle _____
- Return in _____ weeks for Doctor and Cycle _____
- Last Cycle. Return in **three** weeks for GIGAVTR (to continue single agent trastuzumab)

**CBC & Diff, Platelets, Creatinine, Sodium, Potassium** prior to each cycle

If clinically Indicated:
- Bilirubin
- ALT
- Alk Phos
- MUGA scan or Echocardiogram
- ECG
- CEA
- CA 19-9

- Radiologic evaluation

- INR weekly
- INR prior to each cycle

- Other tests:
- Book for PICC assessment / insertion per Centre process
- Book for IVAD insertion per Centre process
- Weekly Nursing Assessment for (specify concern): ________________________

- Consults:

- See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**