



Provincial Health Services Authority

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 and according to acceptable standards of care

PROTOCOL CODE: GIPE

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DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE:		To be given:		Cycle #:
Date of Previous Cycle:				
<input type="checkbox"/> Delay treatment _____ week(s)				
<input type="checkbox"/> CBC & Diff, creatinine 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 (if using CISplatin)				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> 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 treatment on Days 1 to 3				
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO prior to treatment on Days 1 to 3				
<input type="checkbox"/> aprepitant 125 mg PO prior to treatment on Day 1; then 80 mg PO daily on Day 2 and 3				
If additional antiemetic required:				
<input type="checkbox"/> OLANzapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO prior to treatment on Days 1 to 3				
<input type="checkbox"/> hydrocortisone 100 mg IV prn				
<input type="checkbox"/> diphenhydrAMINE 50 mg IV prn				
<input type="checkbox"/> Other:				
Have Hypersensitivity Reaction Tray and Protocol Available				
TREATMENT:				
CISplatin 25 mg/m ² /day x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg				
IV in 100 to 250 mL NS over 30 minutes x 3 days				
OR				
CARBOplatin AUC 5 x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes Day 1 only				
etoposide 100 mg/m ² /day x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ mg/m ² /day x BSA = _____ mg				
IV in 250 to 1000 mL (non-DEHP bag) NS over 45 minutes to 1 hour 30 minutes x 3 days (use non-DEHP tubing with 0.2 micron in-line filter)				
Return in <input type="checkbox"/> three or <input type="checkbox"/> four (select one) weeks for Doctor and Cycle _____. Book chemo x 3 days.				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, creatinine, total bilirubin, ALT prior to each cycle				
If clinically indicated:				
<input type="checkbox"/> ECG				
<input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> albumin <input type="checkbox"/> GGT <input type="checkbox"/> sodium <input type="checkbox"/> potassium				
<input type="checkbox"/> INR weekly <input type="checkbox"/> INR prior to each cycle				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: