



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: GUBEP

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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: _____				
No Treatment Delay for Day 1 Bloodwork.				
Dose modification for: _____		<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 30 to 60 minutes prior to treatment on Days 1 to 5				
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment on Day 1 ; then dexamethasone 4 mg PO BID on Days 2 to 5				
<input type="checkbox"/> aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1 ; then 80 mg PO daily on Day 2 and 3				
hydrocortisone 100 mg IV prior to bleomycin on Day 1, Day 8, and Day 15				
<input type="checkbox"/> hydrocortisone 100 mg IV prior to etoposide				
<input type="checkbox"/> diphenhydrAMINE 50 mg IV prior to etoposide				
Have Hypersensitivity Reaction Tray and Protocol Available				
PRE-HYDRATION: 1000 mL NS with 20 mEq potassium chloride and 2 g magnesium sulfate over 1 hour prior to cisplatin				
CHEMOTHERAPY:				
CISplatin 20 mg/m²/day x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg				
IV in 100 mL NS over 30 minutes on Days 1 to 5				
etoposide 100 mg/m²/day x BSA x (_____ %) = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg				
IV in 500 to 1000 mL (non-DEHP bag) NS over 45 min to 1 hour 15 min on Days 1 to 5 (use non-DEHP tubing with 0.2 micron in-line filter).				
bleomycin = _____ units (dose is 30 units)* IV in 50 mL NS over 10 minutes Day 1, Day 8, and Day 15				
*bleomycin dose will need to be filled in with suggested dosing. Any dose modifications can result in inferior outcomes.				
POST-HYDRATION: 500 mL NS over 30 minutes to 1 hour post chemotherapy on days 1 to 5				
STANDING ORDER FOR ETOPOSIDE TOXICITY:				
hydrocortisone 100 mg IV prn / diphenhydrAMINE 50 mg IV prn				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo Days 1 to 5, Day 8 & 15				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, Platelets, Creatinine, LDH, AFP, serum hCG, magnesium, sodium, potassium, random glucose prior to each cycle				
Creatinine on Day 8 and Day 15, if patient receiving bleomycin				
CBC & Diff, Platelets on Day 5, if ANC on Day 1 less than 1.0 x 10 ⁹ /L				
Creatinine on Day 5, if creatinine on Day 1 greater than upper limit of normal				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
DOCTOR'S SIGNATURE:		SIGNATURE:		
		UC:		