



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: GUBPWRT

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 day of treatment May proceed with doses as written if within 24 hours ANC greater than or equal to 0.8 x 10⁹/L		
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 dexamethasone 8 mg PO prior to treatment <input type="checkbox"/> Other: _____		
PRE HYDRATION: 1000 mL NS + 20 mEq potassium chloride + 2 g magnesium sulfate IV over 2 hours prior to CIS platin.		
CHEMOTHERAPY: CISplatin 40 mg/m² x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 500 mL NS with mannitol 30 g and magnesium sulfate 2 g over 1 hour x _____ week(s)		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in _____ week(s) for Doctor. Book chemo weekly x _____ weeks. Book chemotherapy and radiation appointments on same day. <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
CBC & Diff, Platelets, Creatinine, sodium, potassium, Magnesium prior to next treatment <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:	SIGNATURE:	
	UC:	