



Provincial Health Services Authority

**PROTOCOL CODE: GUEDPM**

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](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

Page 1 of 2

<b>DOCTOR'S ORDERS</b>			Ht _____ cm    Wt _____ kg    BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form			
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>	
Date of Previous Cycle: _____			
<input type="checkbox"/> Delay treatment _____ week(s)			
<input type="checkbox"/> <b>CBC and Diff</b> day of treatment			
May proceed with doses as written if within 72 hours <b>ANC greater than or equal to <math>1.5 \times 10^9/L</math>, Platelets greater than or equal to <math>100 \times 10^9/L</math>, bilirubin less than 25, serum creatinine less than 135 micromol/L</b>			
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____			
Proceed with treatment based on blood work from _____			
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.			
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment on <b>Day 1</b> ; then dexamethasone 4 mg PO BID on <b>Days 2 to 5</b>			
and <b>select ONE</b> of the following:			
<input type="checkbox"/>	aprepitant 125 mg PO 30 to 60 minutes prior to treatment on <b>Day 1</b> ; then 80 mg PO daily on <b>Day 2 and 3</b>		
<input type="checkbox"/>	ondansetron 8 mg PO 30 to 60 minutes prior to treatment on <b>Days 1 to 3</b>		
<input type="checkbox"/>	netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment on <b>Day 1</b>		
<input type="checkbox"/> hydrocortisone 100 mg IV prior to etoposide			
<input type="checkbox"/> diphenhydramine 50 mg IV prior to etoposide			
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>			
<b>PRE-HYDRATION:</b>			
1000 mL NS with 20 mEq potassium chloride and 2 g magnesium sulfate over 1 hour prior to Cisplatin			
<b>CHEMOTHERAPY: (Note – continued over 2 pages)</b>			
<b>DOXOrubicin <math>40 \text{ mg/m}^2</math></b> = _____ mg IV <b>Day 1</b>			
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> /day x BSA = _____ mg			
IV push			
<b>etoposide <math>100 \text{ mg/m}^2/\text{day}</math></b> x BSA = _____ mg			
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> /day x BSA = _____ mg			
IV in 250 to 1000 mL (non-DEHP bag) NS over 45 min to 1 hour 30 min <b>Days 1 to 3</b> (use non-DEHP tubing with 0.2 micron in-line filter)			
<b>Cisplatin <math>40 \text{ mg/m}^2/\text{day}</math></b> x BSA = _____ mg			
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> /day x BSA = _____ mg			
IV in 100 mL to 250 mL NS over 30 minutes <b>Days 1 and 2</b>			
<b>*** SEE PAGE 2 FOR MITOTANE, POST-HYDRATION AND STANDING ORDERS ***</b>			
<b>DOCTOR'S SIGNATURE:</b>			<b>SIGNATURE:</b>
			<b>UC:</b>



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](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

**PROTOCOL CODE: GUEDPM**

Page 2 of 2

**DATE:**

**CHEMOTHERAPY: (Continued)**

**mitotane** Starting dose is \_\_\_\_ mg (standard dose 500 mg) PO four times daily x \_\_\_\_ weeks,

then \_\_\_\_ mg PO in the morning, \_\_\_\_ mg PO at noon, \_\_\_\_ mg PO in the evening, \_\_\_\_ mg PO at night x \_\_\_\_ weeks,

then \_\_\_\_ mg PO in the morning, \_\_\_\_ mg PO at noon, \_\_\_\_ mg PO in the evening, \_\_\_\_ mg PO at night x \_\_\_\_ weeks

(escalate dose once every 1 to 2 weeks to maximum tolerated dose, usually about 3 grams per day)

**Mitte:** \_\_\_\_\_ weeks supply

**cortisone acetate** 25 mg PO every morning and 12.5 mg PO every evening (**OMIT** if serum cortisol elevated)

**Mitte** \_\_\_\_\_ weeks supply

**fludrocortisone acetate** 0.1 mg PO every morning (**OMIT** if serum cortisol elevated)

**Mitte** \_\_\_\_\_ weeks supply

**POST-HYDRATION:** 500 mL NS over 30 minutes to 1 hour post chemotherapy on Days 1 and 2

**RETURN APPOINTMENT ORDERS**

☐ Return in **four** weeks for Doctor and Cycle \_\_\_\_\_. Book chemo Days 1 to 3

☐ Last Cycle. Return in \_\_\_\_\_ week(s).

**CBC & Diff, sodium, potassium, creatinine, calcium, magnesium, ALT, alkaline phosphatase, total bilirubin, random glucose** before each cycle

☐ See general orders sheet for additional requests including cortisol, DHEA, 24-hour urine.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**