

**PROTOCOL CODE: GUEP**

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<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: _____		
<b>No treatment delay for Day 1 bloodwork.</b> Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ <b>Proceed with treatment based on blood work from</b> _____		
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to treatment on <b>Days 1 to 5</b> <b>dexamethasone 8 mg</b> or <b>12 mg</b> (circle one) PO 30 to 60 minutes prior to treatment on <b>Day 1</b> ; then <b>dexamethasone 4 mg</b> PO BID on <b>Days 2 to 5</b> <b>aprepitant 125 mg</b> PO 30 to 60 minutes prior to treatment on <b>Day 1</b> ; then <b>80 mg</b> PO daily on <b>Day 2 and 3</b> <input type="checkbox"/> <b>hydrocortisone 100 mg</b> IV prior to etoposide or etoposide phosphate (ETOPOPHOS) <input type="checkbox"/> <b>diphenhydramine 50 mg</b> IV prior to etoposide or etoposide phosphate (ETOPOPHOS)		
<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:</b> <b>CISplatin 20 mg/m<sup>2</sup>/day</b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 100 mL NS over 30 minutes <b>Days 1 to 5</b>  <b>etoposide 100 mg/m<sup>2</sup>/day</b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 250 to 1000 mL (non-DEHP bag) NS over 45 minutes to 1 hour 30 minutes <b>Days 1 to 5</b> (use non-DEHP tubing with 0.2 micron in-line filter)		
<b>If hypersensitivity to etoposide:</b> Omit <b>etoposide</b> . Give <b>etoposide phosphate (ETOPOPHOS)* 100 mg/m<sup>2</sup>/day</b> x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 500 mL NS over 45 min to 1 hour 30 min on <b>Days 1 to 5</b> .  * Approval from the Health Canada Special Access Program must be obtained for each patient		
<b>POST-HYDRATION:</b> 500 mL NS over 30 to 60 minutes post chemotherapy on Days 1 to 5		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____. Book chemo Days 1 to 5. <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
<b>CBC &amp; Diff, creatinine, LDH, AFP, beta hCG tumour marker, magnesium, sodium, potassium, random glucose</b> prior to each cycle <b>CBC &amp; Diff</b> on Day 5, if ANC on Day 1 less than 1.0 x 10 <sup>9</sup> /L <b>Creatinine</b> on Day 5, if creatinine on Day 1 greater than upper limit of normal <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> See general orders sheet for additional requests.		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b> <b>UC:</b>