



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: GUEP

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DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

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:  Hematology  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 8 mg or 12 mg (circle one) PO 30 to 60 minutes prior to treatment on Day 1; then**

**dexamethasone 4 mg PO BID on Days 2 to 5**

**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 etoposide**

**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/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

Dose Modification: \_\_\_\_\_% = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 100 mL NS over 30 minutes **Days 1 to 5**

**etoposide 100 mg/m<sup>2</sup>/day x BSA = \_\_\_\_\_ mg**

Dose Modification: \_\_\_\_\_% = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV in 500 mL (non-DEHP bag) NS over 45 minutes **Days 1 to 5** (use non-DEHP tubing with 0.22 micron or smaller in-line filter)

POST-HYDRATION: 500 mL NS over 30-60 minutes 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

Return in **three** weeks for Doctor and Cycle \_\_\_\_\_. Book chemo Days 1 to 5.

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

**CBC & Diff, Platelets, Creatinine, LDH, AFP, serum hCG, Magnesium, sodium, potassium, random glucose** prior to each cycle

**CBC & Diff, Platelets** on Day 5, if ANC on Day 1 less than 1.0 x 10<sup>9</sup>/L

**Creatinine** on Day 5, if creatinine on Day 1 greater than upper limit of normal

**Other tests:**

**Consults:**

**See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: