



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

PROTOCOL CODE: GUFUPRT

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: \_\_\_\_\_

Delay treatment \_\_\_\_\_ week(s)

CBC & Diff, Platelets day of treatment

Creatinine

May proceed with doses as written if within 96 hours ANC greater than or equal to 1.5 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L, Creatinine Clearance greater than 75 mL/minute

Dose modification for:  Hematology  ECOG/Age  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 CISplatin each day

dexamethasone 12 mg PO before CISeach day

dexamethasone 4 mg PO 12 hours after CISeach day

dexamethasone 4 mg PO bid Day 4 & 5

Other: \_\_\_\_\_

CHEMOTHERAPY:

CISplatin 25 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

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

IV in 500 mL NS over 45 minutes x 3 or 4 days (circle one)

OR

mitomycin C 10 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

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

IV push on Day 1 of every second cycle. Maximum cumulative dose is 20 mg/m<sup>2</sup>

fluorouracil 1000 mg/m<sup>2</sup>/day or \_\_\_\_\_ mg/m<sup>2</sup>/24 hours x BSA = \_\_\_\_\_ mg/day for 4 days (total dose = 4000 mg/m<sup>2</sup> over 96 h)

Dose Modification: \_\_\_\_\_% = \_\_\_\_\_ mg/m<sup>2</sup>/day x BSA = \_\_\_\_\_ mg/day for 4 days (total dose = \_\_\_\_\_ mg over 96h)

IV in D5W to a total volume of 480 mL by continuous infusion at 5 mL/h via TWO Baxter LV5 infusors (Total dose should be divided equally- each 240 mL over 48 hours)

RETURN APPOINTMENT ORDERS

Return in **four** weeks for Doctor and Cycle \_\_\_\_\_

Return in 2 days for second fluorouracil infusor

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

CBC & Diff, Platelets, Creatinine prior to each cycle

If clinically indicated:  Bili, ALT, LDH, Alk Phos

Other tests: \_\_\_\_\_

Consults: \_\_\_\_\_

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

UC: \_\_\_\_\_