

PROTOCOL CODE: GUSCPERT

(Page 1 of 1)

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 96 hours ANC greater than or equal to $1.5 \times 10^9/L$, platelets greater than or equal to $100 \times 10^9/L$, creatinine clearance greater than or equal to 60 mL/minute (if using CISplatin).		
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 _____.		
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment on Days 1 to 3		
AND select ONE of the following:	<input type="checkbox"/> ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Days 1 to 3	
	<input type="checkbox"/> aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1, then 80 mg PO daily on Days 2 and 3 and <input type="checkbox"/> ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Days 1 to 3	
	<input type="checkbox"/> netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to treatment on Day 1 only	
If additional antiemetic required:		
<input type="checkbox"/> OLANzapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to treatment on Days 1 to 3		
<input type="checkbox"/> hydrocortisone 100 mg IV prior to etoposide <input type="checkbox"/> diphenhydrAMINE 50 mg IV prior to etoposide		
<input type="checkbox"/> Other: _____		
Have Hypersensitivity Reaction Tray and Protocol Available		
CHEMOTHERAPY:		
CISplatin 25 mg/m²/day or _____ mg/m ² /day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg IV in 100 to 250 mL NS over 30 minutes on Days 1 to 3		
OR		
CARBOplatin AUC=5 x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes on Day 1 only		
etoposide 100 mg/m²/day or _____ mg/m ² /day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV in 250 to 1000 mL (non-DEHP bag) NS over 45 minutes to 1 hour 30 minutes on Days 1 to 3 (use non-DEHP tubing with 0.2 micron in-line filter)		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo x 3 days.		
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo x 3 days.		
<input type="checkbox"/> Last Cycle. Return in _____ week(s).		
CBC & Diff, creatinine prior to each cycle If clinically indicated: <input type="checkbox"/> total bilirubin		
<input type="checkbox"/> Other tests: _____ <input type="checkbox"/> Consults: _____		
<input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE: _____		SIGNATURE: _____ UC: _____