



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 and according to acceptable standards of care

PROTOCOL CODE: GUSCPERT

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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, Platelets day of treatment May proceed with doses as written if within 96 hours ANC greater than or equal to 1.5 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, Creatinine Clearance greater than or equal to 60 mL/min				
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 _____.				
ondansetron 8 mg PO prior to treatment dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (<i>select one</i>) PO prior to treatment <input type="checkbox"/> hydrocortisone 100 mg IV prior to etoposide on days 1 to 3 <input type="checkbox"/> diphenhydrAMINE 50 mg IV prior to etoposide on days 1 to 3 <input type="checkbox"/> Other: _____				
Have Hypersensitivity Reaction Tray and Protocol Available				
CHEMOTHERAPY:				
CISplatin <input type="checkbox"/> 25 mg/m²/day or <input type="checkbox"/> _____ mg/m²/day (<i>select one</i>) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____% = _____ mg/m ² x BSA = _____ mg IV in 100 to 250 mL NS over 30 minutes Days 1 to 3				
OR				
<input type="checkbox"/> CARBOplatin AUC=5 x (GFR + 25) = _____ mg IV in 250 mL NS over 30 minutes Day 1				
etoposide <input type="checkbox"/> 100 mg/m²/day or <input type="checkbox"/> _____ mg/m²/day (<i>select one</i>) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____% = _____ mg/m ² /day x BSA = _____ mg IV in 500 mL (non-DEHP bag) NS over 45 minutes Days 1 to 3 (use non-DEHP tubing with 0.22 micron or smaller in-line filter)				
STANDING ORDER FOR ETOPOSIDE DRUG REACTION:				
hydrocortisone 100 mg IV prn / diphenhydrAMINE 50 mg IV prn				
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, Platelets, Creatinine prior to each cycle If clinically indicated: <input type="checkbox"/> 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:		