

PROTOCOL CODE: GUSCPE

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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 on days 1 to 3 dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (<i>select one</i>) PO prior to treatment on days 1 to 3 <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				
HYDRATION				
<input type="checkbox"/> 1000 mL NS over 1 hour prior to Cisplatin				
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				
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"/> 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:	