

**PROTOCOL CODE: GUSCPE**

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<b>DOCTOR'S ORDERS</b>		Ht _____ cm    Wt _____ kg    BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
<b>DATE:</b> _____	<b>To be given:</b> _____	<b>Cycle #:</b> _____
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff</b> day of treatment		
May proceed with doses as written if within 96 hours <b>ANC greater than or equal to <math>1.5 \times 10^9/L</math>, Platelets greater than or equal to <math>100 \times 10^9/L</math>, Creatinine Clearance greater than or equal to 60 mL/min</b>		
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____		
Proceed with treatment based on blood work from _____		
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____. <b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to treatment on Days 1 to 3 <b>dexamethasone</b> <input type="checkbox"/> <b>8 mg</b> or <input type="checkbox"/> <b>12 mg</b> (select one) PO 30 to 60 minutes prior to treatment on Days 1 to 3 <input type="checkbox"/> <b>aprepitant 125 mg</b> PO 30 to 60 minutes prior to treatment on Day 1; then <b>80 mg</b> PO daily on Day 2 and 3 If additional antiemetic required: <input type="checkbox"/> <b>OLANzapine</b> <input type="checkbox"/> <b>2.5 mg</b> or <input type="checkbox"/> <b>5 mg</b> or <input type="checkbox"/> <b>10 mg</b> (select one) PO 30 to 60 minutes prior to treatment <input type="checkbox"/> <b>hydrocortisone 100 mg</b> IV prior to etoposide on Days 1 to 3 <input type="checkbox"/> <b>diphenhydrAMINE 50 mg</b> IV prior to etoposide on Days 1 to 3 <input type="checkbox"/> <b>Other:</b> _____		
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>		
<b>HYDRATION:</b> <input type="checkbox"/> 1000 mL NS over 1 hour prior to Cisplatin		
<b>CHEMOTHERAPY:</b> <b>CISplatin</b> <input type="checkbox"/> <b>25 mg/m<sup>2</sup>/day</b> or <input type="checkbox"/> _____ <b>mg/m<sup>2</sup>/day</b> (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> x BSA = _____ mg IV in 100 to 250 mL NS over 30 minutes <b>Days 1 to 3</b> <b>OR</b> <b>CARBOplatin AUC=5 x (GFR + 25) = _____ mg</b> IV in 100 to 250 mL NS over 30 minutes <b>Day 1</b> <b>etoposide</b> <input type="checkbox"/> <b>100 mg/m<sup>2</sup>/day</b> or <input type="checkbox"/> _____ <b>mg/m<sup>2</sup>/day</b> (select one) x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> /day x BSA = _____ mg IV in 250 to 1000 mL (non-DEHP bag) NS over 45 minutes to 1 hour 30 minutes <b>Days 1 to 3</b> (use non-DEHP tubing with 0.2 micron in-line filter)		
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____. Book chemo x 3 days. <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
<b>CBC &amp; Diff, creatinine</b> prior to each cycle If clinically indicated: <input type="checkbox"/> <b>total bilirubin</b> <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> See general orders sheet for additional requests.		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>  <b>UC:</b>