

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: _____		
May proceed with Day 5 etoposide if ANC greater than or equal to 1.0 x 10⁹/L NO TREATMENT DELAY FOR DAY 1 BLOOD WORK. Dose modification for: <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 30 to 60 minutes prior to treatment on Days 1 to 5 dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO 30 to 60 minutes prior to treatment on Day 1 ; then dexamethasone 4 mg PO BID on Days 2 to 5 aprepitant 125 mg PO 30 to 60 minutes prior to treatment on Day 1 ; then 80 mg PO daily on Day 2 and 3 hydrocortisone 100 mg IV in 50 to 100 mL NS over 15 minutes pre-bleomycin on Day 2, 9, and 16. <input type="checkbox"/> hydrocortisone 100 mg IV prior to treatment (Days 1 to 5) <input type="checkbox"/> diphenhydramine 50 mg IV prior to treatment (Days 1 to 5)		
Have Hypersensitivity Reaction Tray and Protocol Available		
PRE-HYDRATION: 1000 mL NS with 20 mEq potassium chloride and 2 g magnesium sulfate IV over 1 hour prior to Cisplatin on Days 1 to 5. TREATMENT: Cisplatin 20 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV in 100 mL NS over 30 minutes on Days 1 to 5 etoposide 100 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ mg/m ² /day x BSA = _____ mg IV in 250 to 1000 mL NS (non-DEHP bag) over 45 minutes to 1 hour 30 minutes (use non-DEHP tubing with 0.2 micron in-line filter) on Days 1 to 5 bleomycin _____ units (dose is 30 units*) IV in 50 mL NS over 10 minutes on Day 2, 9 and 16. <i>*bleomycin dose will need to be filled in with suggested dosing. Any dose modifications can result in inferior outcomes.</i> POST-HYDRATION: 500 mL NS IV over 0.5 to 1 hour on Days 1 to 5		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo Days 1 to 5. Book chemo for Days 9 and 16 if bleomycin is ordered. <input type="checkbox"/> Last Cycle. Return in _____ week(s).		
CBC & Diff, creatinine, magnesium, LDH, AFP, beta hCG tumour marker , prior to each cycle. <input type="checkbox"/> CBC & Diff on Day 5 if ANC on day 1 less than 1.0 x 10 ⁹ /L <input type="checkbox"/> Creatinine on Day 5 if Creatinine on Day 1 greater than ULN <input type="checkbox"/> Creatinine on Days 9 and 16 if patient receiving bleomycin <input type="checkbox"/> Day 12 nadir CBC & Diff <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE: _____		RN: _____ UC: _____