

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 <u>www.bccancer.bc.ca/terms-of-use</u> and according to acceptable standards of care.

## PROTOCOL CODE: GOCISP

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DOCTOR'S ORDERS	Ht0	m	Wt	_kg	BSA	m²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form						
DATE: To	be given:		Су	cle #:		
Date of Previous Cycle:						
<ul> <li>Delay treatment week(s)</li> <li>CBC &amp; Diff, Platelets day of treatment</li> <li>May proceed with doses as written if within 72 hours ANC greater than or equal to 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 100 x 10<sup>9</sup>/L, Creatinine Clearance greater than or equal to 60 mL/min.</li> <li>Dose modification for: Hematology Other Toxicity:</li> <li>Proceed with treatment based on blood work from</li> </ul>						
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm						
45 minutes prior to PACLitaxel:						
dexamethasone 20 mg IV in 50 mL NS over 15 minutes.						
30 minutes prior to PACLitaxel: diphenhydrAMINE 50 mg IV in NS 50 ml (Y-site compatible)	<sub>-</sub> over 15 minutes and <b>fa</b>	motio	dine 20 mg Ⅳ	/ in N	S 100 mL	over 15 minutes
Select ONE of the following:						
aprepitant 125 mg PO 30 to 60 minutes prior to CISplatin						
ondansetron 8 mg PO 30 to 60 minutes prior to Cispiatin						
netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CISplatin						
☐ Other:						
**Have Hypersensitivity Reaction Tray and Protocol Available**						
HYDRATION: Prehydrate with 1000 mL NS IV over 60 minutes prior to CISplatin.						
CHEMOTHERAPY:						
PACLitaxel 175 mg/m² x BSA =mg         Dose Modification:mg/m² x BSA =mg         IV in 250 to 500 mL (non-DEHP bag) NS over 3 hours. (Use non DEHP tubing with 0.2 micron in-line filter)						
CISplatin 75 mg/m²/day OR mg/m²/day (select one) x BSA = mg Dose Modification: mg/m²/day x BSA = mg IV in 500 mL NS with potassium chloride 20 mEq, magnesium sulfate 1 g, mannitol 30 g, over 1 hour						
<ul> <li>Return in <u>three</u> weeks for Doctor and Cy</li> <li>Last Cycle. Return in week(s).</li> </ul>	cle, book chemo					
CBC & Diff, Platelets, Creatinine prior to ea						
Prior to next cycle, if clinically indicated:	·	ohos	Sodium			
potassium magnesium 0						
Other tests:		2, 110				
Consults:						
See general orders sheet for additiona	Il requests.					
DOCTOR'S SIGNATURE:					SIGNAT UC:	URE: