**DOCTOR'S ORDERS**

<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</th>
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REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

**DATE:**

To be given: Cycle #:

Date of Previous Cycle:

- [ ] Delay treatment ______ week(s)
- [ ] CBC & Diff day of treatment

May proceed with doses as written if within 72 hours ANC greater than or equal to 0.8 x 10⁹/L, platelets greater than or equal to 80 x 10⁹/L, and serum creatinine within the normal range.

Dose modification for:
- [ ] Hematology
- [ ] 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 chemotherapy
- dexamethasone 8 mg PO prior to chemotherapy
- [ ] Other:

**OPTIONAL PRE HYDRATION:**

- [ ] 1000 mL D5W-1/2NS with potassium chloride 20 mEq and magnesium sulfate 2 g IV over 2 hours prior to CISplatin

**CHEMOTHERAPY:**

CISplatin 40 mg/m² or 30 mg/m² *(circle one)* x BSA =__________ mg

- [ ] Dose Modification: _______% = _______ mg/m² x BSA = _________mg

IV in 500 mL NS with mannitol 30 g and magnesium sulfate 2 g over 1 hour once weekly x ________ week(s)

**RETURN APPOINTMENT ORDERS**

- [ ] Return in _______week(s) for Doctor and Cycle #________

If this is Cycle 1: Book chemo weekly x 5 weeks.

Clerks take note of optional pre-hydration orders. Cisplatin should be given on a Monday or Tuesday of the week, and on that same day in subsequent weeks. RT booking on those days should be within 4 hours of the completion of the Cisplatin infusion.

- [ ] Last Cycle. Return in _______ week(s).

**CBC & Diff, Platelets, Creatinine** prior to each weekly treatment

Prior to next treatment:
- [ ] CA 125
- [ ] CA 19-9
- [ ] CA 15-3
- [ ] Magnesium
- [ ] Sodium
- [ ] Potassium
- [ ] CEA
- [ ] SCC

- [ ] Other tests:
- [ ] Consults:
- [ ] See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

SIGNATURE: ____________

UC: ____________________

BC Cancer Provincial Preprinted Order GOCXCRT

Created: April 4th, 2005  Revised: 1 Dec 2019