



Provincial Health Services Authority

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 www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: GOCXCRT

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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 day of treatment May proceed with doses as written if within 24 hours ANC greater than or equal to 0.8 x 10⁹/L, platelets greater than or equal to 80 x 10⁹/L, and creatinine clearance greater than or equal to 50 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 chemotherapy dexamethasone 8 mg PO prior to chemotherapy <input type="checkbox"/> Other:	
OPTIONAL PRE HYDRATION: <input type="checkbox"/> 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 x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² 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	
<input type="checkbox"/> 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. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & Diff, Platelets, Creatinine prior to each weekly treatment Prior to next treatment: <input type="checkbox"/> CA 125 <input type="checkbox"/> CA 19-9 <input type="checkbox"/> CA 15-3 <input type="checkbox"/> Magnesium <input type="checkbox"/> Sodium <input type="checkbox"/> Potassium <input type="checkbox"/> CEA <input type="checkbox"/> SCC <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: