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

DOCTOR'S ORDERS

Ht cm Wt kg BSA m²

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 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:  □ 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 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: