



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/terms-of-use](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

**PROTOCOL CODE: GOEP**

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<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
<b>DATE:</b>		<b>To be given:</b>		<b>Cycle #:</b>
Date of Previous Cycle: _____				
May proceed with Day 5 etoposide if <b>ANC greater than or equal to <math>1.0 \times 10^9/L</math></b>				
<b>NO TREATMENT DELAY FOR DAY 1 BLOOD WORK.</b>				
Dose modification for: <input type="checkbox"/> <b>Other Toxicity</b> _____				
Proceed with treatment based on blood work from _____				
<b>PREMEDICATIONS:</b> Patient to take own supply. RN/Pharmacist to confirm _____.				
ondansetron <b>8 mg</b> PO 30 to 60 minutes prior to treatment on Days 1 to 5				
dexamethasone <input type="checkbox"/> <b>8 mg</b> or <input type="checkbox"/> <b>12 mg</b> (select one) PO 30 to 60 minutes prior to treatment on Days 1 to 5, and at hour 8 daily				
aprepitant <b>125 mg</b> PO 30 to 60 minutes prior to treatment on Day 1, then <b>80 mg</b> PO daily on Day 2 and 3				
<input type="checkbox"/> hydrocortisone <b>100 mg</b> IV prior to etoposide				
<input type="checkbox"/> diphenhydramine <b>50 mg</b> IV prior to etoposide				
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>				
<b>TREATMENT:</b>				
CISplatin <b>20 mg/m<sup>2</sup>/day</b> x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> /day x BSA = _____ mg				
IV in 100 mL NS over 30 minutes on Days 1 to 5				
etoposide <b>100 mg/m<sup>2</sup>/ day</b> x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m <sup>2</sup> /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				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <b>three</b> weeks for Doctor and Cycle _____. Book chemo days 1 to 5.				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
<b>CBC &amp; Diff, sodium, potassium, creatinine, magnesium</b> prior to each cycle.				
If Clinically Indicated: <input type="checkbox"/> LDH <input type="checkbox"/> AFP <input type="checkbox"/> beta hCG tumour marker				
<input type="checkbox"/> <b>CBC &amp; Diff</b> on Day 5 (all cycle except cycle 1) if ANC on Day 1 less than $1.0 \times 10^9/L$				
<input type="checkbox"/> <b>Other tests:</b>				
<input type="checkbox"/> <b>Consults:</b>				
<input type="checkbox"/> See general orders sheet for additional requests.				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				<b>UC:</b>