**PROTOCOL CODE: GOOVCIS**

### 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

<table>
<thead>
<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
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**Date of Previous Cycle:**

- ☐ Delay treatment ______ week(s)
- ☐ CBC & Diff, Platelets day of treatment

May proceed with doses if within 72 hours **ANC greater than or equal to** 1 x 10⁹/L, **Platelets greater than** 100 x 10⁹/L, **Creatinine Clearance greater than or equal to** 60 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 treatment
- Dexamethasone 8 mg or 12 mg (circle one) prior to treatment
- Prochlorperazine 10 mg PO prior to treatment
- ☐ Aprepitant 125 mg PO pre-chemotherapy on day 1 and 80 mg PO once daily in the morning on days 2 and 3

**HYDRATION:**

Prehydrate with 1000 mL NS IV over 60 minutes on treatment days.

**CHEMOTHERAPY:**

- CISplatin 75 mg/m²/day OR ________ mg/m²/day (circle 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 on Day 1
  - OR
  - CISplatin 35 mg/m²/day 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 on Days 1 and 2 OR Days 1 and 8 (circle one)

**RETURN APPOINTMENT ORDERS**

- ☐ Book Day 2 or Day 8 chemo if required.
- ☐ Last Cycle. Return in ______ week(s).

**CBC & Diff, Platelets, Creatinine** prior to each cycle

Prior to next cycle: ☐ electrolytes ☐ magnesium ☐ CA125 ☐ CA15-3 ☐ CA19-9 ☐ CEA

- ☐ Other tests:
- ☐ Consults:

- ☐ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**