



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

## PROTOCOL CODE: GOOVETO

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<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
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 96 hours <b>ANC <u>greater than or equal to</u> 1.0 x 10<sup>9</sup>/L, Platelets <u>greater than or equal to</u> 100 x 10<sup>9</sup>/L</b>				
Repeat CBC & Diff, platelets on _____.				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____				
Proceed with treatment based on blood work from _____				
<b>PREMEDICATIONS:</b>				
dimenhyDRINATE 50 mg to 100 mg PO prior to treatment if nausea				
<input type="checkbox"/> dexamethasone 8 mg PO 30 to 60 minutes prior to treatment				
For previous etoposide reaction:				
<input type="checkbox"/> hydrocortisone 100 mg IV prior to IV treatment (Days 1 to 5)				
<input type="checkbox"/> diphenhydrAMINE 50 mg IV prior to IV treatment (Days 1 to 5)				
<input type="checkbox"/> Other:				
<b>TREATMENT:</b>				
<input type="checkbox"/> If NO previous Neutropenia:				
etoposide 50 mg PO BID x 10 days				
<input type="checkbox"/> If previous Neutropenia or age <u>greater than or equal to</u> 70:				
etoposide 50 mg PO BID alternating with 50 mg PO once daily x 10 days				
<input type="checkbox"/> If unable to tolerate oral route:				
<input type="checkbox"/> etoposide 100 mg (usual dose)				
IV in 250 mL NS (non-DEHP bag) over 45 minutes daily (use non-DEHP tubing with in-line filter) x 5 days				
<input type="checkbox"/> etoposide 80 mg (modified dose)				
IV in 250 mL NS (non-DEHP bag) over 45 minutes daily (use non-DEHP tubing with in-line filter) x 5 days				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in <u>three</u> weeks for Doctor and Cycle _____. Book chemo (if IV route) Day 1 through Day 5.				
<input type="checkbox"/> Last Cycle. Return in _____ weeks.				
<b>CBC &amp; Diff</b> prior to each cycle				
<input type="checkbox"/> Cycle 1 or if Dose Modification: CBC & Diff on <b>Day 8 and 15</b>				
Prior to next cycle, if clinically indicated: <input type="checkbox"/> CA 15-3 <input type="checkbox"/> CA 125 <input type="checkbox"/> CA 19-9 <input type="checkbox"/> CEA				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>		
		<b>UC:</b>		