BC CANCER
Provincial Health Services Authority

PROTOCOL CODE: GOSCPE

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, Platelets** day of treatment
May proceed with doses as written if within 96 hours **ANC <u>greater than or equal to</u> 1.5 x 10⁹/L, Platelets <u>greater than or equal to</u> 100 x 10⁹/L, Creatinine Clearance <u>greater than or equal to</u> 60 mL/minute (if using CISplatin)**
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 on Days 1 to 3
dexamethasone ☐ **8 mg** or ☐ **12 mg** *(select one)* PO prior to treatment on Days 1 to 3
☐ **hydrocortisone 100 mg** IV prior to etoposide
☐ **diphenhydrAMINE 50 mg** IV prior to etoposide
☐ **Other:**

Have Hypersensitivity Reaction Medications and Protocol Available

CHEMOTHERAPY:
CISplatin 25 mg/m²/day x BSA = _____ mg
 ☐ Dose Modification: _____% = _____ mg/m² x BSA = _____ mg
 IV in 100 to 250 mL NS over 30 minutes x **3 days**
OR
CARBOplatin AUC 5 x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes **Day 1 only**

etoposide 100 mg/m²/day x BSA = _____ mg
 ☐ Dose Modification: _____mg/m² x BSA = _____mg
 IV in 250 to 1000 mL (non-DEHP bag) NS over 45 minutes to 1 hour 30 minutes x **3 days** (use non-DEHP tubing with 0.2 micron in-line filter)

STANDING ORDER FOR ETOPOSIDE TOXICITY:
hydrocortisone 100 mg IV prn / **diphenhydrAMINE** 50 mg IV prn

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RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle _____. Book chemo x 3 days. ☐ Last Cycle. Return in _____ week(s).	
CBC & Diff, Platelets, Creatinine prior to each cycle If clinically indicated: ☐ **Bilirubin** ☐ **Other tests:** ☐ **Consults:** ☐ **See general orders sheet for additional requests.**	
DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**