**PROTOCOL CODE:** GOSMCCRT (Cycle C)

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<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht_________ cm  Wt_______ kg  BSA_________ m²</th>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

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<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 as written if within 24 hours **ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L**
  - Dose modification for: [ ] Hematology  [ ] Other Toxicity ________________
  - Proceed with treatment based on blood work from ________________

**PREMEDICATIONS:**

- [ ] ondansetron 8 mg PO prior to treatment
- [ ] dexamethasone 8 mg PO prior to treatment
- [ ] aprepitant 125 mg PO pre-chemotherapy and 80 mg PO once daily in the morning on Days 2 and 3

**NOTE:** **CHEMOTHERAPY TO BE COMPLETED PRIOR TO RADIATION**

**OPTIONAL PREHYDRATION:**

- [ ] 1000 mL **NS** with potassium chloride 20 mEq and magnesium sulfate 2 g IV over 1 hour before CISplatin.

**CHEMOTHERAPY:**

- CISplatin 40 mg/m² x BSA = ________ mg
  - [ ] Dose Modification: ________ mg/m²/day x BSA = ________ mg
  - IV in 500 mL NS with 30 g mannitol, and 2 g magnesium sulfate over 1 hour.

**RETURN APPOINTMENT ORDERS**

- [ ] Return in one week for Doctor and Day 49, Day 56, Day 63, Day 70 CISplatin (circle one).
- [ ] After completion of XRT, RTC in two weeks for Cycle D.

**CBC & Diff, Platelets, Electrolytes, Creatinine, Mg, Ca, Phosphate, Bilirubin, AST, LDH, Alk Phos., Gamma GT** prior to each treatment

- [ ] CEA  [ ] SCC  [ ] CA 15-3  [ ] CA-125  [ ] CA 19-9 prior to treatment
- [ ] Book Nuclear Renogram before Cycle D.
- [ ] Other tests:
- [ ] Consults:
- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

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