**BC Cancer Provincial Preprinted Order**
**GOTDEMACO**

**PROTOCOL CODE: GOTDEMACO**

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### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

**DATE:**

**To be given:**

**Cycle #:**

Date of Previous Cycle:

On admission (Day 1): CBC+diff, Creatinine, sodium, potassium, AlkPhos, AST, ALT, GGT, LDH, Bilirubin, Quantitative serum b-hCG.

On Day 8 (as outpatient): CBC+diff, Creatinine

May proceed with doses as written if within 24h (Day 1) or within 24h (Day 8) ANC is greater than or equal to 1 and Platelets greater than or equal to 75, and creatinine clearance greater than or equal to 60 mL/min.

Dose modification for:  

- [ ] Toxicity

Proceed with treatment based on bloodwork from:

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### PREMEDICATIONS:

**DAY 1**

- ondansetron 8 mg PO prior to chemotherapy on Day 1, then continue q12h x 6 doses total.
- dexamethasone 8 mg PO prior to chemotherapy on Day 1, then 4 mg PO q12h x 5 doses.

**DAY 8**

- ondansetron 8 mg PO prior to chemotherapy on Day 8, then continue q12h x 4 doses total.
- dexamethasone 8 mg PO prior to chemotherapy on Day 8, then 4 mg PO q12h x 3 doses.

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**CHEMOTHERAPY:**

**DAY 1**

- DACTINomycin _____mg IV direct *(usual dose 0.5 mg)*, into tubing of running NS IV.
- etoposide 100 mg/m² x BSA = _____mg IV in NS 500 mL over 1 hour. *(Use non-DEHP bag and tubing with in-line filter)*
- methotrexate 300 mg/m² x BSA = _____mg IV in NS 500 to 1000 mL over 12 hours.

**DAY 2**

- DACTINomycin _____mg IV direct *(usual dose 0.5 mg)*, into tubing of running NS IV.
- etoposide 100 mg/m² x BSA = _____mg IV in NS 500 mL over 1 hour. *(Use non-DEHP bag and tubing with in-line filter)*
- leucovorin (folinic acid) 15 mg PO q12h x 4 doses, beginning 24 hours after start of Day 1 methotrexate.

**POST HYDRATION:**

1000 mL 2/3 D5W-1/3 NS with 20 mEq Potassium Chloride and 100 mEq Sodium Bicarbonate/L at 200 mL/h IV for 20 hours after the end of the methotrexate infusion. Hydration infusion may be interrupted for administration of Day 2 chemotherapy.

Chemotherapy Orders continue on Page 2....

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**
**DOCTOR’S ORDERS**

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**DATE:**

**CHEMOTHERAPY:**

**DAY 8**

vinCRISStine 0.8 mg/m² x BSA = _____mg IV in NS 50 mL over 10 minutes.
cyclophosphamide 600 mg/m² x BSA = _______mg IV in NS 250 to 500 mL over 30 minutes.

**STANDING ORDER FOR ETOPOSIDE TOXICITY:**

hydrocortisone 100 mg IV prn and diphenhydrAMINE 50 mg IV prn

**RETURN APPOINTMENT ORDERS**

- [ ] Return in two weeks (inpatient bed) for Cycle _____ (2-day admission)
- Book Day 8 chemotherapy as outpatient (ACCU)
- [ ] Last Cycle. Return in ________ weeks for Doctor.

CBC with differential, Creatinine on Day 8.

On next admission (Day 1): CBC with diff, Creatinine, sodium, potassium, AlkPhos, AST, ALT, GGT, LDH, Bilirubin, Quantitative serum b-hCG.

- [ ] Other tests:
- [ ] Consults:
- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**
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 and according to acceptable standards of care.

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**DATE:**

**Cycle #:**

Day 1 of GOTDEMACO chemotherapy =

**OUTPATIENT (DISCHARGE) PRESCRIPTION FOR BC Cancer BENEFIT MEDICATION**

(Fill at BC Cancer Outpatient Dispensary)

Note – Medication orders below should still also be listed on the Discharge Medication Reconciliation form

**leucovorin (folinic acid)** 15 mg PO q12h x 4 doses, beginning 24 hours after start of methotrexate infusion.

RN or Pharmacist to instruct patient on exact dosing times.

**DOCTOR'S SIGNATURE**

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